

8. Are you a:

- Non-parent
- Parent
- Single Parent

9. Are you:

- Status – Off Reserve
- Status – On Reserve
- First Nations
- Métis Métis Non Status
- Inuit

10. Please indicate:

- BandName: _____
- MMF Regional Office _____
- Card# _____

CHILDCARE

11. Number of children/dependents _____

12. Ages of children/dependents _____

13. If childcare is needed, **subsidized childcare arrangements is highly recommended.** Please indicate current arrangements:

Name of Subsidized Daycare: _____

Name of Back-Up Babysitter: _____

CRIMINAL RECORD CHECK

14. Do you have a criminal record? Yes _____ No _____

If you answered YES, please explain the charge and how long ago _____

FUNDING

15. a) Are you currently on Social Assistance? Yes _____ No _____

b) If **Yes**, How long? _____

c) What is your case number (S.A.M.I.N. #)? _____

d) Worker's Name: _____ Office Address: _____

e) Have you notified your worker/funding counsellor that you have applied for this program?
Yes _____ No _____

16. a) Have you been referred by your EIA worker to Essential Skills MB? Yes _____ No _____

b) Have you been referred by your EIA worker to Training & Employment Services?
Yes _____ No _____

c) Have you been referred by your EIA worker to Pathways Support Unit?
Yes _____ No _____

d) If **YES** to any of the above list the contact name and phone#: _____

17. Are you currently employed? Yes _____ No _____

18. a) Are you currently On/Eligible for Employment Insurance (E.I)? Yes _____ No _____

b) If so, when does your EI expire? _____

c) Have you ever received EI in the past 5 years? Yes _____ No _____

d) Workers Name: _____ Office Address: _____
Phone #: _____

19. a) Have you applied for Band/Council/MMF Funding? Yes _____ No _____

b) Counsellors Name: _____ Office Address: _____
Phone #: _____

20. Have you ever been funded by MB Metis Federation (MMF) in the past?
 Yes _____ No _____
 If yes, for what course and when? _____

21. Where did you hear about this program? _____

EDUCATION **Please list additional education on a separate sheet if necessary.**

22. What is the HIGHEST grade level of education? _____ Date Completed: _____

23. Do you have:	<u>Yes</u>	<u>No</u>	<u>Level Completed</u>	<u>#Credits</u>
a) Some High School Education (grade 9-12)	_____	_____	_____	_____
b) GED Equivalency Education	_____	_____	_____	_____
c) Mature Grade 12 Diploma	_____	_____	_____	_____
d) Post Secondary Education (University)	_____	_____	_____	_____
e) Other Training Programs	_____	_____	_____	_____

24. Name of School Attended: _____
 Address: _____ Date Attended: _____
 Name of Teacher(s) and/or Principal: _____
 Name of Course: _____ Course Completed: Yes _____ No _____

25. Name of Other Facility Attended: _____
 Address: _____ Date Attended: _____
 Name of Contact Person: _____
 Name of Course: _____ Course Completed: Yes _____ No _____

EMPLOYMENT HISTORY **Please list additional employment on a separate sheet if necessary.**

26. Most recent employer _____

Supervisor _____	Company Name _____	Address _____	Phone# _____
Type of Job _____			
Period of Employment _____	to _____		
Month/Year _____	Month/Year _____		
Permission to Contact Supervisor? Yes _____ No _____			
Reason for Leaving: _____			

27. Previous employer _____

Supervisor _____	Company Name _____	Address _____	Phone# _____
Type of Job _____			
Period of Employment _____	to _____		
Month/Year _____	Month/Year _____		
Permission to Contact Supervisor? Yes _____ No _____			
Reason for Leaving: _____			

0VOLUNTEER EXPERIENCE

28. Have you had any experience as a volunteer?

If so, Where: _____

	Company Name	Address	Phone#
When:	_____ to _____		
	Month/Year	Month/Year	
Type of Job	_____		
Name of Supervisor	_____	Phone#	_____
Permission to Contact Supervisor?	Yes_____	No_____	

All questions are based on funding and selection criteria requirements and have been verified with the Human Rights Commission.

I, the applicant, certify that the statements made by me in this application are true to the best of my knowledge. I also consent to the Health Care Aide/Health Unit Clerk Program Staff/Interview Team verifying any information supplied by me (unless otherwise indicated) for the purpose of ensuring my suitability for the program.

SIGNATURE OF APPLICANT: _____

DATE: _____

**RED RIVER COLLEGE
&
URBAN CIRCLE TRAINING CENTRE INC.
SELECTION CRITERIA**

Health Care Aide / Health Unit Clerk Program (Dual Certification)

- * First Nations/Aboriginal Men and Women – (Treaty Status, Non-Status, Métis Status, Métis Non-Status, Inuit)
- * Must have a **COMPLETED** Grade 12 High School academic standing, G.E.D.(General Education Development Equivalent) or Mature Grade 12 Diploma. **Official transcripts/diploma must be submitted with application to verify completion of Grade 12 level.**
- * Must be able to demonstrate ***a reliable source of personal financial support*** such as Employment Income Assistant (E.I./Social Assistance/Welfare), Employment Manitoba, Employment Insurance (E.I), Band/Council Funding, Manitoba Metis Federation (MMF), Employment, Spouse, etc. Personal financial support must include transportation, childcare (if required), uniforms, immunization costs etc.(see attached list).
- * Must apply to your funder for **tuition costs** which are approx. **\$8,000.00**. This cost includes all tuition, usage of books, supplies and other courses (ie. CPR, Non-Violent Crisis Intervention, etc.)
- * Must START the immunization process IMMEDIATELY UPON ACCEPTANCE and complete the entire required immunization protocol prior to the clinical work practicum in January
- * Must be available to commit daily Monday – Friday from 9:00a.m. to 4:30p.m.
- * Demonstrated fluency in written and spoken English
- * Competence in an Aboriginal language and/or knowledge of Aboriginal customs, beliefs, and practices is an asset
- * Successful completion of a prescribed reading skills test at the required competency level administered by Red River College (to ensure you are able to read the post secondary curriculum)
- * Aptitude in the Sciences is a definite asset, as well as interest in the health care profession
- * Must be available for shift work and have the ability to arrange flexible child care
- * Good Health
- * Must live in the City of Winnipeg

**RED RIVER COLLEGE
&
URBAN CIRCLE TRAINING CENTRE INC.**

**Health Care Aide / Health Unit Clerk Program
(Dual Certification)**

ADDITIONAL FINANCIAL ASSISTANCE IS NEEDED FOR:

Students in the Health Care Aide/Health Unit Clerk Program will require confirmation of financial coverage needed for the following:

- * to provide subsidized child care costs (if required)
- * monthly transportation (**bus pass, tickets, travel, etc.**)
- * immunizations \$200.00 (Forms & Costs Vary by each individual Doctor)
- * clinical experience clothing allowance (\$200.00) for 2 uniforms, 1 lab coat, pair of comfortable shoes and a watch with a second hand for the clinical work experience in January (Health Care Aide) & May (Health Unit Clerk).
- * two (2) Manitoba criminal record search check costs (\$44.00 each) Agreement to provide and submit a current & acceptable (within 6 months) Manitoba criminal record check as part of the application (see front page of application). **ALSO to provide a 2nd (second)** current & acceptable Manitoba criminal record check prior to the clinical practicum work placements in January. This is mandatory request of all the Employers.
- * two (2) child abuse registry check costs (\$15.00 each) Agreement to provide and submit a current & acceptable (within 6 months) Manitoba child abuse registry check as part of the application (see front page of application). **ALSO to provide a 2nd (second)** current & acceptable Manitoba child abuse registry check prior to the clinical practicum work placements in January. This is mandatory request of all the Employers.
- * two (2) adult abuse registry check costs (\$15.00 each) Agreement to provide and submit a current & acceptable (within 6 months) Manitoba adult abuse registry check as part of the application (see front page of application). **ALSO to provide a 2nd (second)** current & acceptable Manitoba adult abuse registry check prior to the clinical practicum work placements in January. This is mandatory request of all the Employers.