APPLICATION HEALTH CARE AIDE/HEALTH UNIT CLERK TRAINING PROGRAM

funded by C.A.H.R.D. and Manitoba Jobs and the Economy & certified by RED RIVER COLLEGE

**NOTE TO ALL APPLICANTS: All applications MUST be accompanied with the following:

- **1** Two (2) current <u>written reference letters</u> from professional/working people who know you (ie. former employer, coworkers, teachers, supervisors, counsellors, volunteer work, etc.).
- 2 A <u>hand written paper</u> telling us why you want to take this program (suitability) and a little about yourself (short autobiography).
- 3 Copy of school transcripts to verify your grade 12 education level.
- 4 Current (must be dated no earlier than 6 months prior to program start date) & acceptable Criminal Record Check with the Vulnerable Sector Search with application. You will also be required to submit a 2nd current criminal record check prior to your practicum work placement which is mandatory by the employer. (\$44.00 at Winnipeg Police Headquarters at 245 Smith Street)
- 5 Current (must be dated no earlier than 6 months prior to <u>program start date</u>) & acceptable <u>Child Abuse Registry Check</u> with application. You will also be required to submit a 2nd current child abuse registry check prior to your practicum work placement which is mandatory by the employer. (\$15.00 at 777 Portage Avenue)
- 6 Current (must be dated no earlier than 6 months prior to program start date) & acceptable Adult Abuse Registry Check with application. You will also be required to submit a 2nd current child abuse registry check prior to your practicum work placement which is mandatory by the employer. (\$15.00 at 777 Portage Avenue)

1st Application Deadline: Wednesday, March 22, 2017 2nd Application Deadline: Tuesday, April 18, 2017 3rd Application Deadline: Wednesday, May 17, 2017

PERSONAL

1	N	aı	m	e:
	1 1			G .

Last	First	Middle
2. Address:		Postal Code
3. Phone: (Home#)	(Mo	essage or Cell#)
4. SIN#:	5.	Birthdate://
6. MB Medical#	(6 digit#)	
7. Friend or relative where you can be	e contacted (Also in	n case of emergency purposes.)
Name	Relationship	o to you
Phone#		

8.Are you a:	9. Are you:	10. Please indicate		
Non-parent □ Parent □	Status – Off Reserve ☐ Status – On Reserve ☐	BandName: MMF Regional Office		
Single Parent□	First Nations	Card#		
and a second	Métis ☐ Métis Non Status ☐			
	Inuit			
CHILDCARE11. Number of children/dependence	dents			
12. Ages of children/depender	nts			
13. If childcare is needed, <u>sub</u> indicate current arrangements:	sidized childcare arrangement	s is highly recomm	<u>∍nded.</u> Please	
Name of Subsidized Daycare: _Name of Back-Up Babysitter: _				
CRIMINAL RECORD CHECK 14. Do you have a criminal reco	ord? Yes	_ No		
•	xplain the charge and how long a			
ii yeu anewerea 126, preuee e	Aprail the energe and new long t			
<u>FUNDING</u>				
	ocial Assistance? Yes	No		
b) If Yes, How long?	ber (S.A.M.I.N. #)?			
d) Worker's Name:	Office Address:			
e) Have you notified your Yes No	Office Address: worker/funding counsellor that you	ou have applied for th	is program?	
16. a) Have you been referred	by your EIA worker to Essential	Skills MB? Yes	No	
	by your EIA worker to Training &			
c) Have you been referred by your EIA worker to Pathways Support Unit? Yes No				
d) If YES to any of the abo	ve list the contact name and pho	one#:		
17. Are you currently employed	d? Yes No			
	gible for Employment Insurance I expire?		No	
c) Have you ever received	•	Yes	No	
d) Workers Name:	Of	fice Address:		
Phone #:				
19. a) Have you applied for Ba	nd/Council/MMF Fundina?	Yes	No	
b) Counsellors Name:	O	ffice Address:		

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?							
ED	UCATION Please list additional education on	a sepa	rate shee	t if necessar	<u>y.</u>			
22.	What is the HIGHEST grade level of education?	P Date Completed:						
23.	Do you have: 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	<u>Yes</u>	<u>No</u>	Level Com		#Credits		
24.	Name of School Attended:							
	Address:							
	Name of Teacher(s) and/or Principal:Name of Course:							
25.	Name of Other Facility Attended:							
	Address:			ended:				
	Name of Contact Person:							
	Name of Course:	_ Cou	rse Compl	eted: Yes	N	0		
<u>EM</u>	PLOYMENT HISTORY Please list additional e	employ	ment on a	separate sh	eet if n	ecessary.		
26.	Most recent employer							
	Company Name			SS	Phon	e#		
	Supervisor Type of J	ob						
	Period of Employmentto _			·				
	Month/Year	Mor	nth/Year					
	Permission to Contact Supervisor? Yes Reason for Leaving:							
27.	Previous employer							
	Company Name		Addre	SS	Phon	e#		
	Supervisor Type of J	ob						
	Period of Employmentto _							
	Month/Year		Mon	th/Year				
	Permission to Contact Supervisor? Yes Reason for Leaving:							

VOLUNTEER EXPERIENCE 28. Have you had any experience as a volunteer? If so, Where: Company Name When: _____ to ____ Address Phone# 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 <u>COMPLETED</u> Grade 12 High School academic standing, G.E.D.(General Education Development Equivalent) or Mature Grade 12 Diploma. <u>Official</u> transcripts/diploma must be submitted with application to verify <u>completion of Grade 12 level.</u>
- Must be able to demonstrate <u>a reliable source of personal financial support</u> such as Employment Income Assistant (E.I.A/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.