



URBAN CIRCLE TRAINING CENTRE INC.

519 Selkirk Avenue, Winnipeg, Manitoba R2W 2M6 • Phone: (204) 589-4433 • Fax: (204) 582-6439

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 written reference letters from professional/working people who know you (ie. former employer, coworkers, teachers, supervisors, counsellors, volunteer work, etc.).
- 2) A hand written paper 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 at least 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. (\$44.50 at Winnipeg Police Headquarters at 245 Smith Street).
- 5) Current (*must be dated no earlier than 6 months prior to program start date*) & acceptable Child 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. (\$20.00 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. (\$20.00 at 777 Portage Avenue).

1st Application Deadline: Friday, February 16, 2018

2nd Application Deadline: Tuesday, April 3, 2018

3rd Application Deadline: Friday, May 4, 2018

4th Application Deadline: Monday, July 23, 2018

PERSONAL

1. Name: _____
Last First Middle Suffix Title
(Sr, Jr) (Mr, Ms, Mrs, Dr)
2. Address: _____ Postal Code _____
3. Phone: (Home#) _____ (Message or Cell#) _____
4. SIN#: _____ - _____ - _____ 5. Birthdate: ____/____/____
M D Y 6. _____
Gender (optional)
7. Email Address: _____
(Print your email address - if accessed daily)
8. Friend or relative where you can be contacted.
Name: _____ Relationship to you _____
Address: _____ Phone # _____

9. **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:**
Band Name: _____
MMF Regional Office _____
Card# _____

CHILDCARE

10. Number of children/dependents _____ 11. Ages of children/dependents _____
12. If childcare is needed, subsidized childcare arrangements MUST be made. Please indicate current arrangements:
Name of Subsidized Daycare: _____
Name of Back-Up Babysitter: _____

CRIMINAL RECORD CHECK

13. Do you have a criminal record? Yes No
If you answered YES, please explain the charge and how long go?

FUNDING

- 14.a) Are you currently on receiving Provincial (Employment and Income Assistance) or Band Income Assistance? Yes No
b) If **yes**, How long? _____
d) Income Assistance Source: Band Provincial Not Applicable Not Declared
e) Income Assistance status: Active Not Active Not Applicable Not Declared Pending
f) What is your SAMIN Number? _____
g) Have you notified your worker/funding counsellor that you have applied for this program?
 Yes No

15. Education Training Assessment

- a) Have you been referred by your EIA worker to Training & Employment Services?
 Yes No
b) If **YES**, please provide contact name and phone#: _____
16. a) Are you currently **ON** Employment Insurance? Yes No
b) If so, when does your EI expire? _____
c) Workers Name: _____ Office Address: _____
Phone #: _____

17. a) Have you applied to your Band, the Council or MB Metis Federation for funding?
 Yes No

b) Counsellors Name: _____ Office Address: _____

Phone #: _____

18. Have you ever been funded by MB Metis Federation in the past? Yes No

For what course & when? _____

19. Where did you hear about this training program? _____

EDUCATION AND TRAINING

1. Highest grade/level of education completed: _____ Year completed: _____
(yyyy)

2. Have you had any additional training? (e.g. college, university, on-the-job, school placements, court-order, etc.)

Yes No

(1) most recent

(2)

(3)

Course Name			
School Name			
Start Date (yyyy/mm/dd)			
End Date (yyyy/mm/dd)			
Status	<input type="radio"/> completed <input type="radio"/> graduated <input type="radio"/> terminated <input type="radio"/> withdrew <input type="radio"/> in progress	<input type="radio"/> completed <input type="radio"/> graduated <input type="radio"/> terminated <input type="radio"/> withdrew <input type="radio"/> in progress	<input type="radio"/> completed <input type="radio"/> graduated <input type="radio"/> terminated <input type="radio"/> withdrew <input type="radio"/> in progress

WORK EXPERIENCE

Work Experience: Work Experience can be gained from paid employment, work placements (unpaid work) and volunteer activities.

Employment Status When Applying to Program:

Employed Not Employed- Unemployed Self Employed

1. Most recent employer (Company Name): _____

Job Title _____ Start Date: _____ End Date: _____
Month/Day/Year Month/Day/Year

Salary: _____ Average Hours per Week: _____
(per hour, week or year)

Reason for leaving: _____
(choose one: laid off, fired, maternity/parental, relocated, quit, seasonal, sick, term ended, another job, other)

Please list additional employment on a separate sheet if necessary

VOLUNTEER EXPERIENCE

Have you had volunteer experience or unpaid work experience? Yes No

1. Organization/Employer: _____

Volunteer Job Title: _____ Start Date: _____ End Date: _____
Month/Day/Year Month/Day/Year

Reason for leaving: _____
(choose one: laid off, fired, maternity/parental, relocated, quit, seasonal, sick, term ended, another job, other)

Please list other volunteer work on a separate sheet if necessary

Driver's Licence:

Driver's Licence

Class(es) _____

Airbrake Endorsement

Yes No

Yes No

Essential Skills: Essential Skills are the workplace-based fundamental skills that make it possible to learn all other skills. It is important to understand if your Essential Skills levels meet requirements for the job and/or training.

Are you comfortable understanding and/or completing written material such as:

When you think about your next steps, will you need to improve any of these skills?

Short memos and notes	<input type="radio"/> Yes	<input type="radio"/> No
Newspapers and brochures	<input type="radio"/> Yes	<input type="radio"/> No
Manuals and policies	<input type="radio"/> Yes	<input type="radio"/> No
Forms (eg. Applications)	<input type="radio"/> Yes	<input type="radio"/> No

Math	<input type="radio"/> Yes	<input type="radio"/> No
Writing	<input type="radio"/> Yes	<input type="radio"/> No
Computer	<input type="radio"/> Yes	<input type="radio"/> No

Additional Information:

Are you a person with a disability?		
I have a long term or recurring impairment and consider myself to be disadvantaged in employment by reason of that impairment, or believe that an employer or potential employer is likely to consider me to be disadvantaged in employment by reason of that impairment.	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Not Declared

Job Search and Self Marketing Tools: Self marketing tools are required in order to conduct an effective job search.

Do you have a resume and cover letter?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If <u>yes</u>, is it up to date/current?</i>	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever attended a job interview?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If <u>yes</u>, do you feel you present well and are able to tell employers about your skills/qualities?</i>	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever filled out a job application	<input type="radio"/> Yes	<input type="radio"/> No
<i>If <u>yes</u>, did you have any difficulty?</i>	<input type="radio"/> Yes	<input type="radio"/> No
Do you have stable housing?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have reliable/dependable childcare and back up support?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Not Applicable
Do you have medical concerns (physical health, mental health, disability, etc.) that would prevent you from participating in work or training?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If <u>yes</u>, do you require any accommodation to participate in employment or training?</i>	<input type="radio"/> Yes	<input type="radio"/> No
Do you have personal barriers (involvement in the justice system, addiction issues, personal concerns, family ns, etc.) that would prevent you from participating in work or training?	<input type="radio"/> Yes	<input type="radio"/> 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 Adult Education & Employment Training Program 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: _____

PRIVACY NOTICE AND CONSENT FORM

INDUSTRY, TRAINING AND EMPLOYMENT SERVICES

Industry, Training and Employment Services (ITES), within the Government of Manitoba's Department of Education and Training works with employers, service providers, educational institutions, municipal, provincial and federal government departments, Manitoba Hydro, and agencies to provide a broad range of training and employment services to eligible participants ("services").

PRIVACY NOTICE

SECTION 1. WHY ITES NEEDS TO COLLECT AND USE YOUR INFORMATION ("PURPOSES")

ITES needs to collect and use your personal information and personal health information, if applicable, for the following purposes:

- to determine and verify if you are eligible to participate in ITES services,
- to assess your training and employment needs,
- to monitor and record your enrolment, participation and progress in ITES services,
- to administer and enforce ITES services, and
- for research and planning, reporting, monitoring, evaluation and accountability purposes.

SECTION 2. OUR LEGAL AUTHORITY TO COLLECT YOUR INFORMATION

Your personal information and personal health information, if applicable, is necessary to provide you with ITES services, and to carry out the activities of ITES. Your personal information is collected under the authority of clause 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* of Manitoba (FIPPA) and your personal health information, if applicable, is collected under the authority of subsection 13(1) of *The Personal Health Information Act* of Manitoba (PHIA). ITES limits the personal information and personal health information it collects about you to the minimum amount necessary for the purposes described in section 1.

Your personal information is protected by FIPPA and your personal health information is protected by PHIA. ITES cannot use or disclose your information for other purposes unless you consent or we are authorized to do so by FIPPA or PHIA.

SECTION 3. WHO DO I CONTACT IF I HAVE QUESTIONS

If you have any questions about the collection, use or disclosure of your personal information and personal health information, if applicable, please contact ITES at (204) 945-0575 or toll free at 1-866-332-5077.

CONSENTS

In entering your personal information and personal health information, if applicable, into ITES's case management system, or authorizing ITES or another person to do so for you, you are consenting to ITES's collection, use and disclosure of your personal information and personal health information, if applicable, as outlined in this document.

SECTION 4. INFORMATION I AGREE TO PROVIDE TO ITES

I agree to provide ITES with the following personal information and personal health information, if applicable, about me. I understand that this information is necessary for me to participate in ITES services and to carry out the purposes described above in section 1:

- full name, telephone number and address,
- e-mail address and fax number (if any),
- birth date,
- gender,
- education, job skills, experience and credentials,
- health conditions or disabilities that might affect my training or employment,
- details about my progress in ITES services,
- training or employment testing and reports,
- employment status: employed / self employed / not employed,
- employment plans,
- work experience,
- availability,
- follow-up information after completion of ITES services, including satisfaction with services received, employment status, whether ITES services prepared me for future employment, credentials or certifications achieved through ITES services, and my earnings, and
- social insurance number (S.I.N.).

I also agree to provide ITES with any changes to my personal information and personal health information, if applicable, in a timely manner.

SECTION 5. CONSENT TO ITES OBTAINING INFORMATION ABOUT ME FROM OTHER SOURCES

I consent to ITES collecting the following personal information and personal health information, if applicable, about me for the purposes described in section 1 from the persons and bodies listed below and consent to ITES providing such information about me as may be necessary to obtain the information ITES requires, and I consent to the persons and bodies disclosing the information to ITES:

- details about my progress in ITES services,
- employment testing and reports,
- employment plans,
- medical reports related to employment,
- work experience,
- availability,
- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services under contract with ITES,
- my schools and educational and training institutions,
- my physician _____,
- my other health care professionals: _____, and
- any Manitoba government department or agency, or federal government department or agency, that has provided or is providing me with services or assistance, including: Employment and Social Development Canada; Service Canada; Manitoba Healthy Living, Seniors, and Consumer Affairs; Manitoba Children and Youth Opportunities; Manitoba Advanced Education and Literacy; Manitoba Family Services and Labour; and Manitoba Immigration and Multiculturalism.

SECTION 6. CONSENT TO ITES DISCLOSING MY INFORMATION

I consent to ITES disclosing my personal information and personal health information, if applicable, to the following persons and bodies to the extent they need to know the information to carry out the purposes listed above in section 1:

- Employment and Social Development Canada; Service Canada; Manitoba Healthy Living, Seniors, and Consumer Affairs; Manitoba Children and Youth Opportunities; Manitoba Education and Advanced Learning; Manitoba Family Services; and Manitoba Labour and Immigration; and Manitoba Multiculturalism and Literacy,
- any organization, agency or entity that has provided or is providing me with work experience, training or employment related services, assistance or support under contract with ITES, and
- consultants under contract with ITES to conduct research and evaluation of ITES services.

SECTION 7. HOW LONG DOES MY CONSENT LAST

My consent will last for 4 years.

SECTION 8. CAN I WITHDRAW MY CONSENT

I understand that I may withdraw my consent at any time by contacting ITES in writing. However, I also understand that if I withdraw my consent, I will no longer be eligible to receive ITES services.

OPTIONAL SELF DECLARATION INFORMATION

ITES wishes to obtain the following self declaration information from you for research and planning, reporting, monitoring, evaluation and accountability purposes.

Providing this self declaration information is optional. Not providing it will not affect your eligibility for ITES services, but it may be to your benefit to provide this information.

1. Aboriginal Person – North American Aboriginal ancestry (Métis/Inuit/Status Indian/Non-Status Indian)

2. Person with disabilities – I have a long-term or recurring impairment and:

- consider myself to be disadvantaged in employment by reason of that impairment, or
- believe that an employer or potential employer is likely to consider me to be disadvantaged in employment by reason of that impairment

3. Member of a Visible Minority – other than an Aboriginal person. Because of race or colour I am considered a visible minority.

4. Immigrant – I am a person who is or has been a landed immigrant in Canada (i.e. a permanent resident). A landed immigrant is a person who has been granted the right to live in Canada permanently by immigration authorities.

Client Signature: _____ 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 (Mature High School Diploma, Grade 12 G.E.D. (General Education Development Equivalent) or a High School Diploma. **Official transcripts must be submitted with application to verify completion of Grade 12 level.**
- * Must be able to demonstrate reliable source of **personal financial support** such as Social Assistance, Employment Insurance, Band/Council, MB Metis Federation LMB, 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 (i.e. CPR, Non-Violent Crisis Intervention, etc.) If you are being funded for your personal cost of living by Employment & Income Assistance – all your tuitions and supplies will all be covered if approved for training.
- * Agreement to **provide** the original, acceptable and current Manitoba criminal record check and a Manitoba child abuse registry check when applying to the program. These documents must be dated at least 6 months prior to program start date. All students will also be required to submit in January a **2nd** current, original and acceptable Manitoba criminal record check, Manitoba child abuse registry check and a Manitoba Adult Abuse Check prior to the clinical practicum work placement which is mandatory by the employer.
- * Must **START** the immunization process **IMMEDIATELY UPON ACCEPTANCE** and complete the entire required immunization protocol prior to the clinical work practicum in January
- * 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 program will require confirmation for the additional financial assistance 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 (\$44.50 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 (\$20.00 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) child abuse registry check costs (\$20.00 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.