

COMPREHENSIVE HEALTH CARE AIDE PROGRAM APPLICATION CHECKLIST

NAME: _____

STUDENT NUMBER: _____ If you have previously attended ACC

APPLY ONLINE:
<https://apply.assiniboine.net>

- Brandon, MB – Victoria Ave E Campus** (annual fall & winter intakes, daytime & evening)
- Dauphin, MB – Parkland Campus** (annual winter start)
- Distance Education** (bi-monthly starts)

****Faxes & e-mails are not accepted****

*For high school offerings, applicants must be authorized for this program by their high school prior to applying

	OFFICE USE ONLY	
<input type="checkbox"/> Apply Online and upload the items below:	Y	N
<input type="checkbox"/> \$95 Application Fee (non-refundable)	Y	N
<input type="checkbox"/> EITHER , an original official High School Transcript showing a complete Grade 12	Y	N
<input type="checkbox"/> AND/OR , I am currently at high school or upgrading at an adult learning centre; an original official High School Transcript of marks to date & a letter from my school confirming my enrolment is enclosed. <small>(official final transcript is required 30 days prior to program start date)</small>	Y	N
<input type="checkbox"/> Official College/University Transcript, if applicable. <small>(Applicants must be in good academic standing at their current institution.)</small>	Y	N
<input type="checkbox"/> Proof of English Language Proficiency, if applicable; see www.assiniboine.net/elp for details.	Y	N
<input type="checkbox"/> Photocopy of Valid Permanent Resident Card, if applicable. <small>(Both sides are required.)</small>	Y	N
<input type="checkbox"/> Photocopy of valid CPR Certificate – Level HCP (Health Care Provider) or BLS (Basic Life Support)	Y	N

*While not required at time of admission, students in this program must obtain a valid and current Canadian criminal record vulnerable sector check, child and adult abuse registry checks, and provide proof of immunization, **prior to** their clinical placements in the program. It is the student's responsibility to ensure they request and obtain these items in the necessary timeframes.*

**This form is available in alternate formats.
 Please contact accessibility@assiniboine.net or 204.725.8700 (ext. 6052).**

OFFICE USE ONLY: August 2023

APP STATUS:

Completed Application:

- YES
- NO

Received by: _____

Date/Time Received