

COMPREHENSIVE HEALTH CARE AIDE PROGRAM APPLICATION CHECKLIST

NAME: _____

STUDENT NUMBER: _____ If you have previously attended ACC

- ☐ **Brandon, MB – Victoria Ave E Campus** (annual September & February intakes, daytime & evening)
- ☐ **Dauphin, MB – Parkland Campus** (annual January intake, daytime)
- ☐ **Dauphin, MB – Winnipeg Campus** (annual September and February intakes, evening)

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

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

- ☐ **Distance Education** (monthly starts)

☐ Apply Online pay \$95 Application Fee (non-refundable) and upload the items below:
☐ EITHER , an original official High School Transcript showing a complete Grade 12
☐ 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. (official final transcript is required 30 days prior to program start date)
☐ Official College/University Transcript, if applicable. (Applicants must be in good academic standing at their current institution.)
☐ Proof of English Language Proficiency, if applicable; see www.assiniboine.net/elp for details.
☐ Photocopy of Valid Permanent Resident Card, if applicable. (Both sides are required.)
☐ Photocopy of current in-person CPR certification – Level HCP (Health Care Provider) or BLS (Basic Life Support)

OFFICE USE ONLY	
Y	N
Y	N
Y	N
Y	N
Y	N
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 2025

APP STATUS:

Completed Application:

YES ☐

NO ☐

Received by: _____

Date/Time Received