

# EDUCATION ASSISTANT PROGRAM APPLICATION CHECKLIST

**NAME:** \_\_\_\_\_

**STUDENT NUMBER:** \_\_\_\_\_ If you have previously attended ACC

- I am applying for:**
- Victoria Avenue East, Brandon** (annual winter starts)
  - Distance Education** (bi-monthly starts)

**APPLY ONLINE:**  
<https://assiniboine.net/applynw>

or  
**IN PERSON/BY MAIL TO:**

**Registrar's Office  
 Assiniboine Community College  
 1430 Victoria Avenue East,  
 Brandon MB R7A 2A9**

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

	OFFICE USE ONLY Received	
<input type="checkbox"/> <b>Apply Online</b> and upload the items below:	Y	N
<input type="checkbox"/> \$95 Application Fee (non-refundable)	Y	N
<input type="checkbox"/> <b>EITHER</b> , an original official High School Transcript showing a complete Grade 12	Y	N
<input type="checkbox"/> <b>AND/OR</b> , 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 <a href="http://www.assiniboine.net/elp">www.assiniboine.net/elp</a> for details.	Y	N
<input type="checkbox"/> Photocopy of Permanent Resident Card, if applicable. <small>(both sides are required)</small>	Y	N
<input type="checkbox"/> Photocopy of Current Criminal Record Vulnerable Sector Check <small>(Must be current within 6 months of application.)</small> <b>Must be obtained from your local police/RCMP detachment</b>	Y	N
<input type="checkbox"/> Photocopy of Current Child Abuse Registry Check <small>(Must be current within 6 months of application)</small> <a href="http://www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html">www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html</a>	Y	N
<input type="checkbox"/> Photocopy of current certification in CPR – Level C (CPR)	Y	N

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

**OFFICE USE ONLY:** October 2021

**APP STATUS:**

Completed Application:

- YES   
 NO

Received by: \_\_\_\_\_

Date/Time Received