

# COMPREHENSIVE HEALTH CARE AIDE PROGRAM APPLICATION CHECKLIST

(For September 2019 applicants onwards)

**PRINT THIS CHECKLIST AND SUBMIT IT WITH YOUR APPLICATION**

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

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

I am applying for:

☐ Victoria Ave E, Brandon ☐ Parkland Campus, Dauphin ☐ Distance Education

**DROP OFF OR MAIL TO**  
**VICTORIA AVENUE EAST CAMPUS**

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

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

☒ I have enclosed:

**Photocopies of transcripts are not accepted.**

<input type="checkbox"/> A completed <a href="#">Application Form</a>	Y	N
<input type="checkbox"/> \$95 Application Fee (non-refundable) - cheque, money order, MasterCard or Visa only	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 marks and/or enrolment in the above courses is enclosed (official final transcript is required 30 days prior to program start date)	Y	N
<input type="checkbox"/> Official College/University Transcript, if applicable (applicants must be in good academic standing at their current institution)	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)	Y	N
<input type="checkbox"/> Photocopy of Current Criminal Record Check (Must be current within 6 months of application)*	Y	N
<input type="checkbox"/> Photocopy of Current Child Abuse Registry Check (Must be current within 6 months of application)* <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 Adult Abuse Registry Check (Must be current within 6 months of application)* <a href="http://www.gov.mb.ca/fs/pwd/adult_abuse_registry.html">www.gov.mb.ca/fs/pwd/adult_abuse_registry.html</a>	Y	N
<input type="checkbox"/> Photocopy of valid CPR Certificate – Level HCP (Health Care Provider) or BLS (Basic Life Support)*	Y	N

OFFICE USE ONLY Received	
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N
Y	N

**\* This must be current for the duration of the program.**

*Applicants who are accepted in to the program will be also required to provide proof of immunization. Details will be provided in the acceptance letter.*

**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: Feb 2019

APP STATUS:

Completed Application:

YES ☐

NO ☐

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

Date/Time Received