

SOCIAL SERVICE WORKER PROGRAM APPLICATION CHECKLIST

PRINT THIS CHECKLIST AND SUBMIT IT WITH YOUR APPLICATION

NAME: _____

STUDENT NUMBER: _____

APPLY ONLINE:

<https://assiniboine.net/applynow>

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

I have enclosed:

Photocopies of transcripts are not accepted.

<input type="checkbox"/> Completed Application Form	Y	N
<input type="checkbox"/> Completed Supplemental Application Form	Y	N
<input type="checkbox"/> \$95 Application Fee (non-refundable) - cheque, money order, MasterCard or Visa only	Y	N
<input type="checkbox"/> EITHER , an original official High School Transcript showing a complete Grade 12 including the following:	Y	N
<input type="checkbox"/> English 40G/40S or equivalent with a minimum grade of 60%	Y	N
<input type="checkbox"/> Overall grade 12 average of 60%	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 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 www.assiniboine.net/elp for details.	Y	N
<input type="checkbox"/> Photocopy of Permanent Resident Card (if applicable) - Note: both sides are required	Y	N
<input type="checkbox"/> Photocopy of Current Criminal Record Check (Must be current within 6 months of application)* Must be obtained from your local police/RCMP detachment	Y	N
<input type="checkbox"/> Photocopy of Current Child Abuse Registry Check (Must be current within 6 months of application)* www.gov.mb.ca/fs/childfam/child_abuse_registry_form.html	Y	N
<input type="checkbox"/> Photocopy of Current Adult Abuse Registry Check (Must be current within 6 months of application)* www.gov.mb.ca/fs/pwd/adult_abuse_registry.html	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
Y	N

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

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

OFFICE USE ONLY: September 2020

Completed Application: YES NO

Received by: _____

Date/Time Received