

COMPREHENSIVE HEALTH CARE AIDE PROGRAM APPLICATION CHECKLIST

NAME: _____

STUDENT NUMBER: _____ If you have previously attended ACC

- I am applying for:
- Victoria Avenue East, Brandon** (annual fall & winter starts)
 - Parkland Campus, Dauphin** (annual winter start)
 - Rural Rotating Site, Birtle, MB** (January 2021 start)
 - Distance Education** (bi-monthly starts)

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****

	OFFICE USE ONLY	
	Received	
<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. (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. (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
<input type="checkbox"/> Photocopy of valid CPR Certificate – Level HCP (Health Care Provider) or BLS (Basic Life Support)	Y	N

Applicants who are accepted in to the program will be also required to provide proof of immunization.

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

OFFICE USE ONLY: October 2020

APP STATUS:

Completed Application:

- YES
 NO

Received by: _____

Date/Time Received