



P.O. Box 793 · Charlottetown, PE · C1A 7L9
Tel: (902) 566-9705 · Toll Free: 1-888-328-8973 · Fax: (902) 892-2983

RESIDENT CARE WORKER PROGRAM TRAINING APPLICATION*

Name: _____
(First) (Initial) (Last)

SIN: _____ Date of Birth: _____
(month/day/year)

Mailing Address: _____

Telephone: () _____ - _____ Date: _____

E-mail: _____

II. Educational Background:

Year(s)	Educational Institute	Documents Received

III. Why are you interested in applying for this program?



IV. Employment Background: (Please list your two (2) most recent employers)

Employer	Position	Start Date & End Date

V. What personal competencies do you feel that you possess which would make you an effective caregiver?

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VI. Do you have transportation available at all times? Yes _____ No _____



VII. Do you have any problems with lifting, transferring, or being on your feet for long periods of time? Yes _____ No _____

*** If yes, please explain:**

VIII. Are you available to work all shifts? (ie. Days, nights, weekends, split shifts)

Yes _____ No _____

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IX. Please provide six (6) reasons why you should be chosen to be accepted into the Marguerite Connolly RCW program.



Preferred program start date:

Fall

Spring

I agree that all the enclosed information given to Marguerite Connolly Training and Consulting is true and accurate to the best of my knowledge and ability.

(Applicant)

(Date)

*** There is a \$20 application fee to be paid at time of application.**