

**Health Care Aide
Registration Form
Fall 2020 Session**

FULL LEGAL NAME: _____

Gender: Male _____ Female _____ Maiden name: _____

Address: _____
Street/Box # Town Prov. Postal Code

Telephone Numbers: _____
home work

School of Choice Form: _____
YES NO

Date of Birth: _____
month/day/year Copy of birth certificate attached _____

Manitoba Medical Personal # (9digit): _____

Emergency contact: _____
Name Home Phone # Work Phone #

Do you have a High School Diploma? Yes _____ No _____

If so, what year did you graduate? _____ Name of school _____

Signature of Applicant Date