

# Personal Support Worker Student Application Information Form

Please print neatly. Form must be legible.

## Office use only

Program:

ID shown:

OSSD / credit:

## Student Information:

Date of Birth (Year/Month/Day): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Prefer not to disclose

Legal Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit Type: Apt #: \_\_\_\_\_ or Unit #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Status in Canada (please check one of the following):

☐ Born in Canada / Canadian Citizen - Province of birth: \_\_\_\_\_

☐ Born outside of Canada – If accepted into the PSW Program, all students born outside of Canada must contact the DSBN Welcome Centre for a Letter of Permission and Verification Form:

905-641-1550 ext. 54152 | [welcomecentre@dsbn.org](mailto:welcomecentre@dsbn.org)

☐ Canadian Citizen

☐ Permanent Resident

☐ Landed Immigrant

☐ Refugee

☐ Work Permit

Country of birth: \_\_\_\_\_ Date arrived in Canada: \_\_\_\_\_

## Emergency Contact: please provide at least 1 contact.

	Contact 1	Contact 2
Name:	_____	_____
Phone:	_____	_____
Relationship to Student:	_____	_____

Signature of Student

Date

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990 c.E.2, as amended, and will be used for the Ontario Student Record and for administrative purposes. Questions about collection may be directed to the Director of Education, District School Board of Niagara, 191 Carlton Street, ON, L2R 7P4: 905-641-1550.



Personal Support Worker Program  
Lifetime Learning Centre  
535 Lake Street, St. Catharines, ON

905-687-7000  
[ACE@dsbn.org](mailto:ACE@dsbn.org)

