

## PERSONAL SUPPORT WORKER PROGRAM REGISTRATION FORM

LEGAL LAST NAME:		LEGAL FIRST NAME:	
FORMER LAST NAME <del>(N/A)</del>			
ADDRESS:		POSTAL CODE:	
PHONE #:		BIRTHDAY(YY-MM-DD):	
EMAIL:			
GENDER:		FEMALE	MALE
		NOT DISCLOSED	SELF IDENTIFIED
LAST HIGHSCHOOL ATTENDED:			
WHERE DID YOU HEAR ABOUT THE PSW PROGRAM?			
PREFERRED LEARNING LOCATIONS		NORTH BAY	
		PARRY SOUND	
		WEST NIPISSING	
		MATTAWA	

DATE:

PLEASE