

APPLICATION for PERSONAL SUPPORT WORKER BRIDGE TO PRACTICAL NURSING

RETURN THIS APPLICATION TO:

Fleming College, Continuing Education, 555 Bonnaccord St., P.O. Box 4350, Peterborough, ON K9J 7B1
 If you are a Fleming College PSW graduate, you can fax this form to: 705-741-3279

SECTION A

Student Number (if a previous Fleming College student): _____

Mr. _____ | _____ | _____
 Mrs. **Last Name** **First Name** **Middle Name**
 Ms.
 Miss Previous last name _____ Date of Birth: ____/____/____ - ____ - ____
Year Month Day SIN # (Optional)

Permanent Mailing Address

_____ | _____ | _____
 Apt # _____ Street Number and Name _____ City _____
 _____ | _____ | _____ | _____
 Province Postal Code Area Code/Telephone # _____ Email Address _____

Status in Canada:

Canadian Citizen **OR** →Country of Citizenship: _____ Permanent Resident
 Student Visa Other (please specify) _____ If sponsored - Name of Agency: _____

SECTION B

Basis for Admission (Check One)

Official Transcripts

- Personal Support Worker graduate (PWA) Attached **or**
 Personal Support Worker Ontario College Certificate graduate in or after 2006 (PWB) Fleming PSW grad

Please note: Due to the academic rigour and challenging nature of the courses in the Personal Support Worker Bridge to Practical Nursing program, some students will not be successful in completing this program. By signing this application, you hereby acknowledge that you are aware of this possibility.

Applicant's Signature: _____	Date: _____
Program	Please Specify Start date (yy/mm)
Personal Support Worker to Practical Nursing Bridge (Note: Not all courses will be delivered at all campuses and a minimum number of registrants is needed in order to deliver the course.)	
Practical Nursing estimated entry point (to assist with planning) * If there are more applications than available seats, your application will be ranked based on your academic average in the Personal Support Worker Bridge Program.	January _____ (year)
<p>Payment: After we review your application, we will notify you of courses that you require so that you can register. Please indicate which payment method you prefer below and we will contact you regarding payment. Fees are determined based on the number of courses in which you are enrolling and the number of hours within your course(s).</p> <p>When I register, I will pay for my courses by:</p> <p>___ Cash/Debit I will drop by one of the college campuses in Peterborough, Lindsay or Cobourg.</p> <p>___ Cheque I will mail my cheque to the Continuing Education Office at the address above.</p> <p>___ Visa /Mastercard I will register by phone.</p>	

Freedom of Information and Protection of Individual Privacy

The personal information on this application is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1990,c.M.19,s.5 and Regulation 770,R.R.O.1990,s.8. The information is used for the administration and statistical purposes of the College and /or the Ministries and Agencies of the Government of Ontario and the Government of Canada. If you have any questions regarding the collection and use of this personal information, please contact the Associate Registrar of the College.