Halton District School Board

Adult, Alternative & Continuing Education GA

Gary Allan Learning Centres

Personal Support Worker Program - 2026-2027 Application Form

Office use only

IMPORTANT NOTES ***Please print clearly and fill out all fields. Incomplete or illegible forms will not be processed.***

- Applicants must attach the following documents with the completed application form:
  - Proof of citizenship and age
  - Photo ID
  - Two proofs of Ontario residency
  - Copy of your educational credentials (transcripts, diploma)
  - Proof of Canadian Language Benchmark (CLB) level if completed education outside Canada.
- A non-refundable application fee of $300 must be paid via School cash Online and receipt attached with the application form.
- All communication will be via the student email address you have provided on this form.
- Email the completed form to psw@hdsb.ca. For the most up-to-date PSW information please refer www.hdsb.ca/psw

PLEASE CHOOSE THE COHORT YOU ARE APPLYING FOR

☐ FALL (September 8, 2026 – February 3, 2027)
☐ SPRING (February 4, 2027 – June 30, 2027)

STUDENT INFORMATION

Legal Last Name:	OEN *(if known):*	☐ Male ☐ Female ☐ Self-Identify as _____ ☐ Prefer not to disclose
Legal First Name:	Preferred Name:	
Was this your name at birth? Yes ☐ No ☐	If No, specify previous name:	Date of Birth: YYYY / MMM / DD

Address:

Number Street Name Apt. No. City Postal Code

Phone Number:	Alternate Number:	Email:
Country of Citizenship:	Country of Birth:	Date of entry into Ontario (if applicable): (YYYY/MMM/DD)

Status in Canada (Select One): ☐ Canadian Citizen ☐ Landed Immigrant (PR) ☐ Refugee Claimant ☐ Convention Refugee ☐ Other (Specify): _____

Additional Student Information (if required by the school)

EDUCATIONAL HISTORY & PROGRAM DETAILS

Highest Education Level Completed: ☐ Masters ☐ Bachelors ☐ Post-Secondary Diploma ☐ High School ☐ Other

Education Specialization: _____

Has the student ever been registered at a school within the Halton District School Board? ☐ Yes ☐ No Year: _____

Transcript Attached: ☐ Yes ☐ No

Interested in Grade 12 OSSD Diploma? ☐ Yes ☐ No

Have you taken any courses in a related field?

☐ CPR & First Aid Training	Valid until _____
☐ WHMIS Training	Valid until _____
☐ Mask Fitting Training	Valid until _____
☐ GPA in Dementia Care Training	Valid until _____
☐ Facilitating Effective Eating in Dysphagia (FEED)	Valid until _____
☐ Palliative Care Training (LEAP)	Valid until _____
☐ Food Handler Certificate	Valid until _____
☐ Other_____	Valid until _____
_____	_____

CANADIAN LANGUAGE BENCHMARK (for applicants who completed their education outside Canada):

Please indicate your proficiency level in each of the following areas:

Reading _____ Writing _____ Speaking _____ Listening _____ Overall _____

☐ I do not have a Canadian Language Benchmark assessment completed.

WORK EXPERIENCE			
Resume attached?	☐ Yes ☐ No		
Do you work in the field (PSW)?	☐ Yes ☐ No		
Do you work or volunteer in a similar field?	☐ Yes ☐ No		
MOST RECENT EMPLOYMENT			
Employer 1:	Type of Work:		
Supervisor name:	Supervisor Phone:	How long:	
Employer 2:	Type of Work:		
Supervisor name:	Supervisor Phone:	How long:	

MEDICAL INFORMATION			
Immunization Record Complete? ☐ Yes ☐ No	Covid Vaccinations Completed? ☐ Yes ☐ No		
Medical Conditions: If the student has significant health factors of which the school board should be aware, please describe the condition(s) below _____ Life Threatening? ☐ Yes ☐ No _____ Life Threatening? ☐ Yes ☐ No			
EMERGENCY CONTACT INFORMATION			
Emergency Contact 1			
Last Name:	First Name:		
Relationship:	Cell No.	Email:	
Emergency Contact 2			
Last Name:	First Name:		
Relationship:	Cell No.	Email:	

HOW DID YOU HEAR ABOUT US? (Select all that apply)

- ☐ HDSB Website
- ☐ Social media (please specify): _____
- ☐ HDSB email
- ☐ Friend or family member
- ☐ Flyer
- ☐ Community Centre / Library
- ☐ Halton Multicultural Centre
- ☐ Word of mouth
- ☐ Other (please specify): _____

PSW PROGRAM - SPECIFIC QUESTIONS

1. Capable of meeting physical demands (bending, lifting)? ☐ Yes ☐ No ☐ Not Sure
2. Capable of meeting emotional demands (compassionate, punctual, honest)? ☐ Yes ☐ No ☐ Not Sure
3. Travel to clinical placement: ☐ By car ☐ By bus ☐ Walking
4. Are you willing to provide a vulnerable sector screening check? ☐ Yes ☐ No

Open Response Questions:

5. What personal qualities do you have that would make you a good PSW?

6. Concerns about childcare, early morning transportation, family responsibilities, and/or current jobs that might interfere with your ability to complete the program?

7. What does professionalism mean to you?

8. Please describe how you deal with conflict.

Personal Reflection:

9. Describe a situation in which you helped another person. (Briefly explain how you helped and how you felt about your role as an assistant.)

10. What is your career goal?

11. What is it about that career that is attractive to you?

STUDENT AUTHORIZATION

Personal information is collected on this form in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56, and is collected under the authority of the Education Act, R.S.O. 1990, c. E.2. Personal information will be used for purposes related to the regular operational requirements of the educational and administrative functions of the Halton District School Board. For additional information about how the HDSB uses personal information please see the HDSB Statement of Personal Information Practices or, contact your school Principal.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT.

Signature of applicant	Date

Proof of Identification requirements

for Adult (18 years of age+) or all Out of Board, non-HDSB students

In order to register for any HDSB programs, the following documentation must be shown at time of registration:

- **Proof of Citizenship – Any ONE of the following:**

  ☐ Birth Certificate
  ☐ Passport
  ☐ Immigration Papers
  ☐ Canadian Citizenship Documents
  ☐ Permanent Resident Card
  ☐ Refugee Documents

- **Proof of Date of birth – Any ONE of the following:**

  ☐ Birth Certificate
  ☐ Passport
  ☐ Immigration Papers
  ☐ Canadian Citizenship Documents
  ☐ Baptismal / Faith Record
  ☐ Permanent Resident Card
  ☐ Refugee Documents

- **Proof of Ontario Residency - any TWO of the following:**

  ☐ Current lease or Deed
  ☐ Moving Bill
  ☐ Current home utility bill (within two months)
  ☐ Current property tax bill (within the past year)
  ☐ Current bank statement (within two months)
  ☐ Most recent original Income Tax Assessment
  ☐ Recent correspondence from a Municipal, Federal or Provincial Government Agency (within the past year)

If an adult or Out of Board student does not have any of the above documentation to prove residency, an emergency contact / guardian who lives at the same address must be indicated on page 2 of the registration form and 'Lives with student' must be checked off. Proof of Ontario Residency in that person's name must then be submitted.

Note: Driver's license/Heath Card are not acceptable, as in some cases you may hold Ontario Driver's license /Heath card and no longer permanently reside in Ontario

OFFICE USE

Verification (Documents received):

Proof of Citizenship ☐ Birth Certificate ☐ Canadian Citizenship ☐ Passport ☐ Immigration Papers ☐ Other_____ **Country:**_____

Proof of Date of Birth ☐ Birth Certificate ☐ Canadian Citizenship ☐ Passport ☐ Immigration Papers ☐ Other_____

Proof of Ontario Residency ☐ Current utility bill ☐ Current Property tax bill ☐ Current home phone/cable/internet bill ☐ Property Purchase bill of sale

Photo ID ☐ Passport ☐ Driver's License ☐ Ontario Photo ID card

☐ **CLB** ☐ **Resume** ☐ **Transcript** ☐ **Additional documents**_____

Staff Signature	**Date**