



# Personal Support Worker Registration Form 2021-2022

Legal Last Name:

Legal First Name:

Any Former Last Names:

Name of Last School Attended:

Home phone #:

E-mail:

Birthdate: Y/M/D

Full Address:

Postal Code:

Where did you hear about the PSW program?

Preferred learning location:

North Bay

Sturgeon Falls

Parry Sound

Mattawa

any

Date:

Signature:

Please email completed registration forms to:

Alysha Young, Adult Continuing Education - Laurentian Learning Centre  
[alysa.young@nearnorthschools.ca](mailto:alysa.young@nearnorthschools.ca)

705-472-5419 ext: 4066