



**PERSONAL SUPPORT WORKER
PROGRAM REGISTRATION FORM**

LEGAL LAST NAME:		LEGAL FIRST NAME:	
FORMER LAST NAME(S):			
ADDRESS:		POSTAL CODE:	
PHONE #:		BIRTHDAY(YYYY-MM-DD):	
EMAIL:			
GENDER:	FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>	NOT DISCLOSED <input type="checkbox"/>
SELF IDENTIFIED <input type="checkbox"/>			
LAST HIGHSCHOOL ATTENDED:			
WHERE DID YOU HEAR ABOUT THE PSW PROGRAM?			
PREFERRED LEARNING LOCATION		<input type="checkbox"/>	NORTH BAY
		<input type="checkbox"/>	PARRY SOUND
		<input type="checkbox"/>	WEST NIPISSING
		<input type="checkbox"/>	MATTAWA
DATE:		SIGNATURE:	

PLEASE EMAIL COMPLETED FORMS TO:

LAURENTIAN LEARNING CENTRE

PSW-APPLICATION@NEARNORTHSCHOOLS.CA