

Facility Name		Phone
Address		Fax
City	Postal Code	Email

Applicant Name	Phone 1
Email Address	Phone 2

A. Education and Relevant Training / Qualifications

If you are applying to be the licensee and will be working directly with persons in care, list educational history and attach proof of completion. (Section 11 (2) (a) (ii) of the Community Care and Assisted Living Act).

Training Institution	Location	Transcript, Diploma, Certificate, Workshops, etc	Dates

B. Relevant Work Experience

List relevant work experience and duties (Section 11 (2) (a) (ii) of the Community Care and Assisted Living Act).

Position 1	Duties
Location	
Dates	
Position 2	Duties
Location	
Dates	
Position 3	Duties
Location	
Dates	

C. Three References for Applicant *(limited to one personal)*

I give permission for Community Care Licensing, Interior Health to contact the references listed below.

Name 1		Phone (Day)
Mailing Address		Phone (Evening)
City	Postal Code	Email
Relationship		
Name 2		Phone (Day)
Mailing Address		Phone (Evening)
City	Postal Code	Email
Relationship		
Name 3		Phone (Day)
Mailing Address		Phone (Evening)
City	Postal Code	Email
Relationship		

D. Immunization and Tuberculosis Control

Persons employed in a community care facility are required to provide evidence of compliance with the Province's immunization and tuberculosis control programs. I am aware of the recommended immunization schedule and to the best of my knowledge my immunization history is complete.

Applicant Signature _____ Date (d/d/mm/yyyy) _____