

Received: _____

Staff Name: _____



URBAN CIRCLE TRAINING CENTRE INC.

2025 – 2026 APPLICATION

HEALTH CARE AIDE/HEALTH UNIT CLERK PROGRAM

certified by RED RIVER COLLEGE POLYTECHNIC

****PLEASE READ THROUGH ENTIRE APPLICATION AND NOTE:
ALL APPLICATIONS MUST BE ACCOMPANIED WITH THE FOLLOWING:**

- 1) Two (2) current **written character reference letters** from professional/working people who know you (i.e., former employer, coworkers, teachers, supervisors, counsellors, volunteer work, etc.).
- 2) A **hand written paper** telling us why you want to take this program (suitability) and a little about yourself (short autobiography).
- 3) Copy of **original high school transcripts** to verify your education level.
- 4) Current (*must be dated no earlier than 6 months prior to program start date*) & acceptable **Criminal Record Check with the Vulnerable Sector Search** with application. You will also be required to submit a 2nd current criminal record check prior to your practicum work placement which is mandatory by the employer. (**\$63.25 must be completed through the Winnipeg Police Services in person or on-line at <https://www.winnipeg.ca/police/services/online-record-checks>**).
- 5) Current (*must be dated no earlier than 6 months prior to program start date*) & acceptable **Child Abuse Registry Check** with application. You will also be required to submit a 2nd current child abuse registry check prior to your practicum work placement which is mandatory by the employer. (\$20.00 at 777 Portage Ave., or on-line).
- 6) Current (*must be dated no earlier than 6 months prior to program start date*) & acceptable **Adult Abuse Registry Check** with application. You will also be required to submit a 2nd current child abuse registry check prior to your practicum work placement which is mandatory by the employer. (\$20.00 at 777 Portage Ave., or on-line).

How did you hear about us? _____

PERSONAL

1. Name: _____
(last name) (first name) (middle name) (Preferred Name)

2. Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Mobile/Cell: _____

Email: _____ Alternate Phone Number: _____

Date of Birth: _____ (SIN#): _____
(YYYY/MM/DD) (Social Insurance Number)

Gender Identity: F _____ M _____ Other _____ Not Declared _____

3. Friend or relative where you can be contacted:

Name: _____ Relationship to you _____

Address: _____ Phone # _____



4. Are you a:

- Non-parent
- Parent
- Single Parent

5. Are you:

- Status – Off Reserve
- Status – On Reserve
- First Nations
- Métis Métis Non Status
- Inuit

6. Please indicate:

Band Name: _____
 MMF Regional Office _____
 Card# _____

CHILDCARE

7. Number of children/dependents _____ 8. Ages of children/dependents _____

9. a) If childcare is needed, subsidized childcare arrangements MUST be made. Please indicate current arrangements:

b) Name of Subsidized Daycare: _____

c) Name of Back-Up Babysitter: _____

CRIMINAL RECORD CHECK

10. a) Do you have a criminal record with convictions? _____ Yes _____ No

b) If you answered **YES**, please explain the charge(s) and how long go?

****Should you have a criminal record with convictions, you must obtain the criminal record TRANSCRIPT which outlines all of your charges and must be submitted to Urban Circle Training Centre Inc. (UCTC), before acceptance into program is confirmed. ** (assistance on how to obtain this information is available)**

Benefits Status/Financial Stability/Funding

11. a) What is your current source of income?

b) Are you currently employed? ___ Yes ___ No

If yes, where? _____

And how long? _____ Job Title: _____

If no, have you been employed in the past? ___ Yes ___ No

If you have been employed in the past, where, and how long and job title?

c) Are you currently receiving Employment Insurance (EI) benefits? Yes No

d) Are you currently receiving Employment and Income Assistance (EIA) or band income assistance benefits?
 Yes No Unknown Not Declared

e) If **YES**, How long? _____ **SAMIN #** (your EIA case #) _____

f) If **YES**, please provide your Employment & Income Assistance (EIA) contact name and phone #:

g) If you are receiving EIA, please answer the following:
Assistance Source: Band Provincial Other
Income Assistance Status: Active Non-Active Not Declared

h) Have you notified your worker/funding counsellor that you have applied for this program?
 Yes No

i) Have you received approval from your EIA worker to attend training/programming?
 Yes No **If yes, when?** _____

Education Training Assessment

12. Have you been referred by your EIA worker to Training & Employment Services?
 Yes No

13. Have you applied to your Band, the Education Council, or MB Métis Federation for funding?
 Yes No

Counsellors Name: _____ Phone #: _____
Office Address: _____

14. Have you ever been funded by any organization in the past? Yes No
Name of Organization: _____
For what course(s): _____
When? _____

Referral Source:

15. a) How did you learn about Urban Circle Training Centre Inc.? _____
b) Who referred you to us? _____

Additional Client Information:

16. a) Disability: Yes No Not Declared

b) Marital Status: Single Married or Equivalent Not Declared

Volunteer:

17. Do you have volunteer or unpaid work experience? (e.g., on-the-job training, school placements, court-order, etc.?) Yes No If yes, where? _____

Education & Training:

18. a) High school completed Yes No Date completed: _____

b) School/Learning Centre: _____

c) Have you had any additional training? (e.g., college, university, on-the-job, school placements) Yes No

Additional Information:

19. If education and training was not completed, explain why. If you are not working in your field of training, explain why.

Job Search and Self Marketing Tools:

20 a) Do you have stable housing? Yes No

b) Do you have reliable/dependable childcare and back up support? Yes No

If yes, Name/Organization: _____

Address: _____

c) Do you have medical concerns that would prevent you from participating in training? Yes No

d) Do you require any accommodation to participate in training? _____

e) Do you have personal barriers that would prevent you from participating in training?

Privacy Notice

Why UCTC needs to collect and use your information (“purposes”)

UCTC needs to collect and use your personal information and personal health information, if applicable, for the following purposes:

To assess your training needs,

To monitor and record your enrolment, participation, and progress,

For research and planning, reporting, monitoring, evaluation, and accountability purposes.

Consent to Urban Circle Training Centre Inc. (UCTC), for obtaining and disclosing information about me, from and with other organizations/agencies.

I consent to Urban Circle Training Centre Inc. (UCTC), collecting personal information and personal health information, if applicable, about me for the purposes of assessing training needs from the persons and bodies listed below and consent to Urban Circle Training Centre Inc. (UCTC) providing such information about me as necessary to obtain the information Urban Circle Training Centre Inc. (UCTC), requires, and I consent to the persons and bodies disclosing the information to Urban Circle Training Centre Inc. (UCTC):

- Details about me in relation to gain entrance into one of Urban Circle Training Centre Inc.'s programs,
- Availability,
- Any organization, agency or entity that has provided me with work experience, or training.
- My schools and educational and training institutions,
- Any Manitoba (MB) government department or agency, or federal government department or agency, that has provided or is providing me with services or assistance, including, Employment and Social Development Canada, Service Canada, MB Education and Training; MB Health, Seniors, and Active Living; MB Families; MB Growth, Enterprise and Trade; MB Justice; MB Indigenous and Municipal Relations; and Crown Services.

Urban Circle Training Centre Inc. (UCTC) works with employers, service providers, educational institutions, municipal, provincial, and federal government departments, and agencies to provide a broad range of training and employment services to eligible participants ("services").

I, the applicant, certify that the statements made by me in this application are true to the best of my knowledge. I also consent to the Urban Circle Training Centre Inc. (UCTC) Interview Team verifying any information supplied by me (unless otherwise indicated) for the purpose of ensuring my suitability for the program.

I also agree to provide Urban Circle Training Centre Inc. (UCTC) with any changes to my personal information and personal health information, if applicable, as issue(s) and/or circumstances arise, and in a timely manner.

I, _____, the applicant,
(Print given names and last name in full)

consent to Urban Circle Training Centre Inc. (UCTC) obtaining and disclosing personal information about me with other sources/organizations.

SIGNATURE OF APPLICANT _____

DATE: _____

**RED RIVER COLLEGE POLYTECHNIC
&
URBAN CIRCLE TRAINING CENTRE INC.**

SELECTION CRITERIA

**Health Care Aide / Health Unit Clerk Program
(Dual Certification)**

- First Nations/Indigenous – (First Nations Status, Non-Status, Métis Status, Métis Non-Status, Inuit).
- Must have a **COMPLETED** Grade 12 High School academic standing (Mature Grade 12 Diploma, G.E.D. or a High School Diploma). **Official transcripts must be submitted with application to verify completion of Grade 12 Education level.**
- Must be able to demonstrate a reliable source of **personal financial support (Cost of Living – COL)** such as Social Assistance/Employment & Income Assistance, Employment Insurance, Band/Education Council, Manitoba Métis Federation, etc. Personal financial support must include transportation, childcare (if required), uniforms, immunization costs, etc. (see attached list).
- Must apply to your funder for tuition costs which are approximately **\$10,500.00**
This cost includes all tuition, usage of books, supplies and other courses (i.e., CPR, Non-Violent Crisis Intervention, etc.)
- Must demonstrate fluency in both written and spoken English.
- Knowledge of Indigenous language and/or knowledge of Indigenous customs, beliefs, and practices is an asset.
- Successful completion of a prescribed reading skills test Degrees Reading of Power Assessment (DRP), at the required competency level administered on site at Urban Circle Training Centre Inc.
- Must be available for shift work and have reliable flexible child care if required.
- Must be in Good Health.
- Must live in the City of Winnipeg.
- Must **START** the immunization process **IMMEDIATELY UPON ACCEPTANCE** and complete the entire required immunization protocol prior to the clinical work practicum in January.
- Must provide proof of double vaccination, required before the start of the program.
- Agreement to **provide** the original, acceptable and current Criminal Record Check with the Vulnerable Sector Search, Child & Adult Abuse Registry Check when applying to the program.
- **Should you have conviction(s) on your Criminal Record Check, you are required to submit your original criminal record transcript which outlines all your charges; this is obtained through the R.C.M.P. National Repository of Ottawa. In addition, you will be required to submit a written letter explaining the circumstances around the events showing on your criminal record check/transcripts. The explanation will be submitted along with the criminal record check/transcript for registration approval from the Red River College Polytechnic Committee who gives the final acceptance approval to continue in the program.**
- **SUBMISSION OF YOUR CRIMINAL RECORD IS REQUIRED BEFORE ACCEPTANCE INTO THE PROGRAM, NO EXCEPTIONS.**

PLEASE NOTE:

Urban Circle encourages all people interested to apply. Assistance will be provided to resolve funding questions or barriers.

RED RIVER COLLEGE POLYTECHNIC
&
URBAN CIRCLE TRAINING CENTRE INC.
Health Care Aide / Health Unit Clerk Program
(Dual Certification)

ABOVE & BEYOND PERSONAL COST OF LIVING & TUITION - ADDITIONAL FINANCIAL ASSISTANCE IS NEEDED FOR:

Students in the Health Care Aide/Health Unit Clerk Program will require confirmation of financial coverage for the following costs:

- monthly transportation (monthly bus pass, tickets, travel etc.).
- subsidized childcare cost (if required).
- clinical experience clothing allowance (\$100.00) clinical work experience.
- Immunizations \$200.00 (Forms & Costs vary by each individual Doctor).
- Clinical experience clothing allowance \$200.00 for 2 uniforms, 1 lab coat, pair of comfortable shoes and a watch with a second hand for the clinical work experience in January (Health Care Aide) & May (Health Unit Clerk).
- **Two (2) Criminal Record Check with the Vulnerable Sector Search** check costs (\$63.25 each) ***in person or on-line and must be completed through the Winnipeg Police Services at <https://www.winnipeg.ca/police/services/online-record-checks>***. Agreement to provide and submit a current & acceptable (dated no earlier than 6 months before the program start date). **The 1st Criminal Record Check with the Vulnerable Sector Search** is part of the application for registration purposes (see front page of application). **Also, to provide a 2nd current & acceptable Criminal Record Check with the Vulnerable Sector Search** prior to the clinical work placement. This is a mandatory request of all the Employers.
- **Two (2) Child Abuse Registry Check** costs (\$20.00 each) Agreement to provide and submit a current & acceptable (dated no earlier than 6 months before the program start date). **The 1st Child Abuse Registry Check** is part of the application for registration purposes (see front page of application). **Also, to provide a 2nd current & acceptable Child Abuse Registry Check** prior to the clinical work placement. This is a mandatory request of all the Employers.
- **Two (2) Adult Abuse Registry Check** costs (\$20.00 each) Agreement to provide and submit a current & acceptable (dated no earlier than 6 months before the program start date). **The 1st Adult Abuse Registry Check** is part of the application for registration purposes (see front page of application). **Also, to provide a 2nd current & acceptable Adult Abuse Registry Check** prior to the clinical work placement. This is a mandatory request of all the Employers.