



Received: \_\_\_\_\_

Staff Name: \_\_\_\_\_

# URBAN CIRCLE TRAINING CENTRE INC.

2026-2027 APPLICATION

## HEALTHCARE 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: \_\_\_\_\_ (YYYY/MM/DD) (SIN#): \_\_\_\_\_ (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 # \_\_\_\_\_

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# URBAN CIRCLE TRAINING CENTRE INC.

**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?

\_\_\_\_\_





# URBAN CIRCLE TRAINING CENTRE INC.

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? \_\_\_\_\_





# URBAN CIRCLE TRAINING CENTRE INC.

## 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?

\_\_\_\_\_

\_\_\_\_\_





# URBAN CIRCLE TRAINING CENTRE INC.

## 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 liked 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:** \_\_\_\_\_





# URBAN CIRCLE TRAINING CENTRE INC.

## 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.

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# URBAN CIRCLE TRAINING CENTRE INC.

## 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 2<sup>nd</sup> 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 1<sup>st</sup> Child Abuse Registry Check** is part of the application for registration purposes (see front page of application). **Also, to provide a 2<sup>nd</sup> 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 1<sup>st</sup> Adult Abuse Registry Check** is part of the application for registration purposes (see front page of application). **Also, to provide a 2<sup>nd</sup> current & acceptable Adult Abuse Registry Check** prior to the clinical work placement. This is a mandatory request of all the Employers.

