



Onkar Caregivers Training Institute

Application Form for Live-in Caregivers Program

PLEASE ATTACH TWO RECENT PHOTOGRAPHS WHEN SUBMITTING THIS FORM

Dear Student

Thank you for choosing six months Live-in Caregivers program.

Diploma Program

Total Course Hours: 750 Hours

Full-time Course Length: 30 Weeks

We look forward to giving your application and personal statement careful consideration and will reply as soon as we can.

www.onkarinstitute.com Tel: 604-944-7912 Fax: 604-944-7913 Email: admissions@onkarinstitute.com

1 Course

Title of Course for which application is made: **Live-in Caregivers Diploma**

Preferred Campus Location :

2 Personal Information

Last Name _____ Mr/Mrs/Miss/Ms _____

First/Middle Name(s) _____

Date of Birth _____ Nationality _____ Passport Number _____

Address _____

Telephone Number _____ Fax Number _____

E-mail Address (if applicable) _____

3 (a) Examinations taken and passed

(include any English language qualification)

Date	Certificate Title	Subject	Result/Grade/% etc.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3 (b) Are you waiting for any results of past exams or are you studying any relevant courses now? If yes, please give details.

4 Academic Record

Secondary school, college or university attended outside Canada
Date from _____ to _____ Name _____

Have you attended a school or college in the CANADA? If yes, give names and dates

5 Employment Record

Details of employment since leaving school or college
Date from _____ to _____ Name of Employer _____ Position Held _____

6. Residential Information

Details of College Hostel

1. Do you need the hostel facility: Yes No
2. What type of food do you like? _____
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7: Other Information

1. Have you ever applied for Canadian Visa ? : Yes No
2. Have you ever denied by issuing a Visa by CIC ? : Yes No
3. Main purpose for pursuing this course to work in the CANADA : Yes No
4. Have you lived in the CANADA in the last 3 years ? : Yes No

If Yes Left CANADA on _____ Returned on _____

8. Fee Payment Information: Non Refundable Application Fee of CAD\$200.00 payable to "Zee InfoTech Inc." can be paid by Bank Demand Draft / International Money Order / Credit Card.

Master Card Visa

Credit Card Number: _____

Expiry Date: _____

Name of Cardholder _____

I authorize Onkar Caregivers Training Institute Inc. to charge the chosen program to my credit card

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(Please sign here)

8**Personal Statement**

Please give any relevant information about yourself and why you feel this course is suitable for you.

8(a)**Employer Information**

If you have prospective Employer in Canada. Please provide their name, address and phone number .

Having completed all questions, please remember to attach your photograph, application fee and copies of certificates (Testimonials and references are not required.) Please send this back to us as soon as possible.

Signature _____ Date _____

Please now return this application, by mail or fax to:

Admissions Coordinator (International)
International Recruiting Center - Onkar Caregivers Training Institute
209-B, 2099 Lougheed Hwy. Port Coquitlam, BC. V3B 1A8 CANADA.
Fax: 604-944-7912 or Fax: 604-944-7913