Mental Health for Healthcare Workers (MHHW) Application Form

Professional and Part-Time Learning

Complete and submit to: ppladmissions@durhamcollege.ca

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PERSONAL INFORMATION (Legal Name)					
Last Name			**Birth Date (dd-mm-yy)**		**Student ID (if available)**
First Name			**Gender** Please Select:		**Status in Canada** Please Select:
Middle Name			**Current Home or Cell Number**		
Address (including apartment number)			**Email Address**		
City	**Province**	**Postal Code**	**Country of Birth**	**Country of Citizenship**	**Language at Birth**

PROFESSIONAL REQUIREMENTS	
If you **are currently registered** (no restrictions) with one of the below healthcare professions, please select the appropriate organization and provide your registration number. If you **are not currently registered** with one of the below professional healthcare organizations but are working in the healthcare field, select "Not Registered with organization" from the dropdown below and submit a signed copy of your "Employment Letter" and Official Transcript as part of the admission requirements.	
Registered As a Health Professional	**Registration Number**
Please Select:	

EDUCATIONAL REQUIREMENTS

If you **are not currently registered** with a professional healthcare organization but are working in the healthcare field, select "Not Registered with organization" from the dropdown below and submit a signed copy of your "Employment Letter" and Official Transcript as part of the admission requirements.

Educational Qualification (at least one is required):

- ◯ University Degree
- ◯ College Diploma
- ◯ Personal Support Worker (PSW) Diploma/Certificate

Transcript Selection Method:

Transcripts must be sent directly from the issuing institution or credential assessment agency (PPL does not accept transcripts sent directly by applicants). Transcripts from non-Canadian institutions need to be assessed by a credential assessment service (ICAS or WES).

Please choose how your transcripts will be submitted:

- ◯ My official transcripts are from a Canadian institution, and I have arranged for them to email it directly to PPLAdmissions@DurhamCollege.ca.
- ◯ My official transcripts are from a non-Canadian institution and have been assessed by a credential assessment agency (ICAS or WES). I have contacted the agency to send the results directly to PPLAdmissions@DurhamCollege.ca.

Please Note: Priority is given to applications that include all the required information/documentation.

☐ **By submitting this form, I declare the above information to be true and accurate to the best of my knowledge as of the date of submission.**

☐ I hereby certify that all attachments are true and accurate, and I agree that my application may be rejected if I have falsified this application in any way, had anyone else complete it, or failed to provide all relevant information.

Notice of Collection: In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, 1990, the personal information collected on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed for processing admission applications and reporting. Your personal information may also be used for various administrative, statistical and/or research purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information and Protection of Privacy Coordinator, 2000 Simcoe Street North, Oshawa, ON, L1G 0C5, 905.721.2000 ext. 3292.

FOR OFFICE USE ONLY

Current Registration Verified	☐	☐
Employment Letter Verified	☐	☐