

## Application Form for Communication Skills for Health Professionals 2011

### How to Apply

1. Download and complete the Application Form. If a question does not apply to you, write "N/A" beside that question.
2. Print the Form. Submit 1 copy with required documentation to us and keep a copy for your records.
3. Sign and date the Form.
4. Mail, fax or drop off your completed Application Form and required documents to:

Mount Royal University, Office of International Education  
 Communication Skills for Health Professionals  
 East B Building, Room EB3021  
 4825 Mount Royal Gate SW  
 Calgary, Alberta  
 T3E 6K6

Phone: 403.440.5125  
 Fax: 403.440.5155  
 E-mail [iehp@mtroyal.ca](mailto:iehp@mtroyal.ca)

5. Once you have been accepted into the course, we will send you registration details.

Have you previously applied to or have you ever attended Mount Royal University? Yes  No   
 If YES, your ID number

**Spring Term Dates:** March 30 – June 30, 2011

**Application Deadline:** March 7, 2011 (If applicable: Please allow time for the visa process.)

PERSONAL INFORMATION		
Last Name (Family name)	First Name (legal)	Middle Name (legal)
Previous Name (if applicable)	Mailing Address	
City	Province	Postal Code
Telephone - Home	Fax	
Cell Phone	Email	
Birthdate dd mm yy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other

EMERGENCY CONTACT			
Name		Relationship	
Mailing Address			
City	Province	Telephone	Email

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BACKGROUND INFORMATION								
Country of birth			First Language:			Other Languages:		
What is your health profession? Midwife <input type="checkbox"/> Nurse <input type="checkbox"/> Doctor <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physiotherapist <input type="checkbox"/>								
Are you registered to practice in your profession in your country of origin or in another country? YES <input type="checkbox"/> NO <input type="checkbox"/>								
If YES, for how long? Less than 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 10 years or more <input type="checkbox"/>								
Have you tried to get registered in Canada in your profession? YES <input type="checkbox"/> NO <input type="checkbox"/>								
Please explain:								
How do you rate your computer skills including your ability to use E-mail and the Internet? high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> no skills <input type="checkbox"/>								
Do you have access to a computer at home? Yes <input type="checkbox"/> No <input type="checkbox"/>								
ENGLISH LANGUAGE PROFICIENCY								
Which English language assessments have you taken? (check all that apply)								
✓	Tests	Dates	Locations	Speaking Scores	Listening Scores	Reading Scores	Writing Scores	Overall Scores
<input type="checkbox"/>	<b>CLB</b> CLBPT CLBA ELTPA CELBAN							
<input type="checkbox"/>	<b>IELTS</b> Academic General Training							
<input type="checkbox"/>	<b>TOEFL iBT</b>							
<input type="checkbox"/>	Other							
Have you taken any English language or communication upgrading courses <b>in or outside</b> of Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>								
If YES, what type/s of course/s? <input type="checkbox"/> General ESL <input type="checkbox"/> LINC <input type="checkbox"/> Academic English <input type="checkbox"/> College Preparatory <input type="checkbox"/> Exam Preparatory <input type="checkbox"/> Medical Communication Assessment Program (M-CAP) (University of Calgary) Year <input type="checkbox"/> Other. Please specify								
EMPLOYMENT								
What is your <b>current</b> work status?								
<input type="checkbox"/>	employed full-time in my field	<input type="checkbox"/>	employed casually					
<input type="checkbox"/>	employed part-time in my field	<input type="checkbox"/>	unemployed and seeking employment					
<input type="checkbox"/>	employed part-time, but <b>not</b> in my field	<input type="checkbox"/>	full-time student					
<input type="checkbox"/>	employed full-time, but <b>not</b> in my field	<input type="checkbox"/>	part-time student					
<input type="checkbox"/>	unemployed and not seeking employment							

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Please submit these Required Documents with your Application Form:

- Application Form. Sign and date in INK.
- Copy of Permanent Resident or Citizenship Card (both sides) (if applicable).
- Copy of educational qualifications and/or certificates that prove your professional status.
- Copy of certificate/s to prove your language proficiency.

### Declaration

I have read and understood all the information accompanying this application form. All statements made on this application are true and complete. I understand that misrepresentation, falsification of documents or withholding requested information are serious offenses which will result in the cancellation of my admission and registration at Mount Royal University. If I am admitted, I accept the rules and regulations in existence as amended from time to time by the Board of Governors of Mount Royal University.

Yes, I understand the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Freedom of Information and Protection of Privacy

The information that you provide on this form is collected under the authority of Alberta's Post-secondary Learning Act and Freedom of Information and Protection of Privacy Act. The information will be used for processing your application, determining the eligibility for the program, and for statistical purposes. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. We treat your information with respect and care and use it to serve you better. If you have any questions about the collection or use of this information, contact the Manager of the Languages Institute at 403-440-5100.

**By signing your application form, you are giving permission for the collection, use and disclosure of your personal information for the above purposes.**