

PERSONAL SUPPORT WORKER PROGRAM - Intake Questionnaire

Name: _____

Email: _____

Address: _____

City: _____

Phone #: _____

PERSONAL INFORMATION FORM:

1. Where did you hear about our program?

2. What is your highest level of education?

3. Have you ever received any special education assistance with learning and if so, please **describe in detail?** Have you ever had an IEP (Individual Education Plan)? (i.e. special tutoring, one-on-one help, etc.)

4. List all courses/training you have done in the past 5 years.

5. Have you applied to this program before? Please circle: Yes or No
6. If you have applied before, when? (month/year) _____
7. What kind of work experience have you had over the past few years?
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8. Have you ever worked with a Home Support Agency or in a Long Term Care Facility or in any position where you provided personal care? If so, please describe.
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9. Describe any volunteer experience that you have had in this area.
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10. Do you have any concerns about being a student? Do you have time for studying? Do you have basic computer literacy skills and access to a computer and the internet?
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11. Do you have any concerns about childcare, early morning transportation to facility, family responsibilities, and/or current jobs that might interfere with your ability to complete the program? (Please keep in mind the early hours of placement and the effects this has on childcare and transportation and co-op placements)
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12. Are you aware of **any physical or mental health problem**, which might restrict your ability to complete the program? This includes in facility and the community where lifting is involved. (Example back or neck problems). Please note, if pregnant, you must be able to participate fully in all placements requirements.

13. What personal qualities do you have that would make you a good PSW?

14. What is your career goal?

15. Please describe the role of the PSW.

16. Why do you want to be a PSW?

17. Is there anything that you would like to add that you think is important for us to know in considering your application for this program?

18. Do you understand about the times, costs, requirements, expectations and responsibilities of the program?

19. Is there anything that concerns you about this kind of career? (e.g., bathing others, assisting with bowel and bladder routines, caring for dying clients, housekeeping)

Please sign and date below that the information that you have given above is up to date and accurate with no omissions.

Name: _____

Date: _____