

Personal Support Worker Program - 2026-2027 Application Form

Office use only

IMPORTANT NOTES *Please print clearly and fill out all fields. Incomplete or illegible forms will not be processed.*

- Applicants must attach the following documents with the completed application form:
 - Proof of citizenship and age
 - Photo ID
 - Two proofs of Ontario residency
 - Copy of your educational credentials (transcripts, diploma)
 - Proof of Canadian Language Benchmark (CLB) level if completed education outside Canada.
- A non-refundable application fee of \$300 must be paid via [School cash Online](#) and receipt attached with the application form.
- All communication will be via the student email address you have provided on this form.
- Email the completed form to psw@hdsb.ca. For the most up-to-date PSW information please refer www.hdsb.ca/psw

PLEASE CHOOSE THE COHORT YOU ARE APPLYING FOR

- FALL (September 8, 2026 – February 3, 2027)
 SPRING (February 4, 2027 – June 30, 2027)

STUDENT INFORMATION

Legal Last Name:	OEN (if known):	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Self-Identify as
Legal First Name:	Preferred Name:	_____ <input type="checkbox"/> Prefer not to disclose
Was this your name at birth? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, specify previous name:	Date of Birth: _____ YYYY / MMM / DD
Address:		
Number	Street Name	Apt. No. City Postal Code
Phone Number:	Alternate Number:	Email:
Country of Citizenship:	Country of Birth:	Date of entry into Ontario (if applicable): (YYYY/MM/DD)
Status in Canada (Select One): <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant (PR) <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Other (Specify): _____		
Additional Student Information (if required by the school)		

EDUCATIONAL HISTORY & PROGRAM DETAILS

Highest Education Level Completed: <input type="checkbox"/> Masters <input type="checkbox"/> Bachelors <input type="checkbox"/> Post-Secondary Diploma <input type="checkbox"/> High School <input type="checkbox"/> Other
Education Specialization: _____
Has the student ever been registered at a school within the Halton District School Board? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
Transcript Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Interested in Grade 12 OSSD Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you taken any courses in a related field?

- | | |
|--|-------------------|
| <input type="checkbox"/> CPR & First Aid Training | Valid until _____ |
| <input type="checkbox"/> WHMIS Training | Valid until _____ |
| <input type="checkbox"/> Mask Fitting Training | Valid until _____ |
| <input type="checkbox"/> GPA in Dementia Care Training | Valid until _____ |
| <input type="checkbox"/> Facilitating Effective Eating in Dysphagia (FEED) | Valid until _____ |
| <input type="checkbox"/> Palliative Care Training (LEAP) | Valid until _____ |
| <input type="checkbox"/> Food Handler Certificate | Valid until _____ |
| <input type="checkbox"/> Other _____ | Valid until _____ |

CANADIAN LANGUAGE BENCHMARK (for applicants who completed their education outside Canada):

Please indicate your proficiency level in each of the following areas:

Reading _____ Writing _____ Speaking _____ Listening _____ Overall _____

I do not have a Canadian Language Benchmark assessment completed.

WORK EXPERIENCE

Resume attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you work in the field (PSW)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you work or volunteer in a similar field?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MOST RECENT EMPLOYMENT

Employer 1:	Type of Work:	
Supervisor name:	Supervisor Phone:	How long:
Employer 2:	Type of Work:	
Supervisor name:	Supervisor Phone:	How long:

MEDICAL INFORMATION

Immunization Record Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Covid Vaccinations Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Medical Conditions: If the student has significant health factors of which the school board should be aware, please describe the condition(s) below</p> <p>_____ Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

EMERGENCY CONTACT INFORMATION

Emergency Contact 1		
Last Name:	First Name:	
Relationship:	Cell No.	Email:
Emergency Contact 2		
Last Name:	First Name:	
Relationship:	Cell No.	Email:

HOW DID YOU HEAR ABOUT US? (Select all that apply)

- HDSB Website
- Social media (please specify): _____
- HDSB email
- Friend or family member
- Flyer
- Community Centre / Library
- Halton Multicultural Centre
- Word of mouth
- Other (please specify): _____

PSW PROGRAM - SPECIFIC QUESTIONS

1. Capable of meeting physical demands (bending, lifting)? Yes No Not Sure
2. Capable of meeting emotional demands (compassionate, punctual, honest)? Yes No Not Sure
3. Travel to clinical placement: By car By bus Walking
4. Are you willing to provide a vulnerable sector screening check? Yes No

Open Response Questions:

5. What personal qualities do you have that would make you a good PSW?
6. Concerns about childcare, early morning transportation, family responsibilities, and/or current jobs that might interfere with your ability to complete the program?
7. What does professionalism mean to you?
8. Please describe how you deal with conflict.

Personal Reflection:

9. Describe a situation in which you helped another person. (Briefly explain how you helped and how you felt about your role as an assistant.)
10. What is your career goal?
11. What is it about that career that is attractive to you?

STUDENT AUTHORIZATION

Personal information is collected on this form in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56, and is collected under the authority of the Education Act, R.S.O. 1990, c. E.2. Personal information will be used for purposes related to the regular operational requirements of the educational and administrative functions of the Halton District School Board. For additional information about how the HDSB uses personal information please see the HDSB Statement of Personal Information Practices or, contact your school Principal.

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT.

Signature of applicant

Date

Proof of Identification requirements

for Adult (18 years of age+) or all Out of Board, non-HDSB students

In order to register for any HDSB programs, the following documentation must be shown at time of registration:

- Proof of Citizenship – Any ONE of the following:**

- Birth Certificate
- Passport
- Immigration Papers
- Canadian Citizenship Documents
- Permanent Resident Card
- Refugee Documents

- Proof of Date of birth – Any ONE of the following:**

- Birth Certificate
- Passport
- Immigration Papers
- Canadian Citizenship Documents
- Baptismal / Faith Record
- Permanent Resident Card
- Refugee Documents

- Proof of Ontario Residency - any TWO of the following:**

- Current lease or Deed
- Moving Bill
- Current home utility bill (within two months)
- Current property tax bill (within the past year)
- Current bank statement (within two months)
- Most recent original Income Tax Assessment
- Recent correspondence from a Municipal, Federal or Provincial Government Agency (within the past year)

If an adult or Out of Board student does not have any of the above documentation to prove residency, an emergency contact / guardian who lives at the same address must be indicated on page 2 of the registration form and 'Lives with student' must be checked off. Proof of Ontario Residency in that person's name must then be submitted.

Note: Driver's license/Heath Card are not acceptable, as in some cases you may hold Ontario Driver's license /Heath card and no longer permanently reside in Ontario

OFFICE USE	
Verification (Documents received):	
Proof of Citizenship	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Canadian Citizenship <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Other _____ Country: _____
Proof of Date of Birth	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Canadian Citizenship <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Other _____
Proof of Ontario Residency	<input type="checkbox"/> Current utility bill <input type="checkbox"/> Current Property tax bill <input type="checkbox"/> Current home phone/cable/internet bill <input type="checkbox"/> Property Purchase bill of sale
Photo ID	<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Ontario Photo ID card
<input type="checkbox"/> CLB	<input type="checkbox"/> Resume <input type="checkbox"/> Transcript <input type="checkbox"/> Additional documents _____
Staff Signature	Date