

Pinecrest-Queensway Community Health Centre (PQCHC)
From Volunteerism to Employment:
Transitional Program for Internationally Trained Professionals

Application Form

<p>Date: _____</p> <p>First Name: _____</p> <p>Last Name: _____</p> <p>Address: _____</p> <p>City: _____ Postal Code: _____</p> <p>Telephone Number: _____</p> <p>E-mail Address: _____</p> <p>Gender: _____ Age: _____</p> <p>Language:</p> <p><input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Others: _____</p> <p>How long have you been living in Canada?</p> <p>_____</p> <p>How did you learn about the program?</p> <p>_____</p> <p>Area of Professional Expertise: (Choose only 3)</p> <p><input type="checkbox"/> Social Work</p> <p><input type="checkbox"/> Research</p> <p><input type="checkbox"/> Community Development</p> <p><input type="checkbox"/> Early Childhood Education and Teaching</p> <p><input type="checkbox"/> Health Care Practitioners</p> <p><input type="checkbox"/> Health Promotion</p> <p><input type="checkbox"/> Counseling</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Web Design</p> <p><input type="checkbox"/> Human Resources</p> <p><input type="checkbox"/> Office Administration/Data Entry</p> <p><input type="checkbox"/> Occupational Therapy</p>	<p>ACTIVITIES PRIOR TO APPLYING FOR THE PROGRAM</p> <p>EDUCATION: <u>(Diplomas, Degrees, etc.):</u></p> <p>_____</p> <p><u>Other education (Certificates, Training, Workshops):</u></p> <p>_____</p> <p>EMPLOYMENT: <u>Describe your relevant professional work experience outside of Canada:</u></p> <p>_____</p> <p><u>Volunteer experience:</u></p> <p>_____</p>
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Please attach **Resume** and send **Completed Application** to:

Email: e.donovan@pqchc.com Fax: 613-288-3407

Mail or Drop-Off: 1365 Richmond Road, 2nd Floor Ottawa, ON K2B 6R7

For more information please contact Eric Donovan at: 613-820-4922 ext. 508