



Registration Form

For office use only. Start date: _____

Online instructor: _____ **Onsite Instructor:** _____

Module 1: Option Online Only	Module 2: Option Workshops	Module 3: Option iEnglish (July/Aug)
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Student Name:		
Birth Date:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Telephone Number:		
Email:		
Address:		
City:	Postal Code:	
Country of Birth:	Country of Last residence:	
How long have you been in Canada?		
Have you attended any English classes in Manitoba? (When? Where?)		
Do you have a computer at home with internet access?		

On a scale from 1 to 5 (5 being the highest), how do you rate your computer skills?

- 1 2 3 4 5 Ability to use the internet
- 1 2 3 4 5 Ability to send/receive emails
- 1 2 3 4 5 Ability to attaching documents to an email
- 1 2 3 4 5 Ability to use Skype
- 1 2 3 4 5 Word processing skills (Typing)

Note: Training and assistance will be provided to those who require support with their computer skills.

STATUS IN CANADA: Please check one of the boxes and enter the information below. (OR **Please** photocopy **the landing papers OR the permanent resident's card (BOTH SIDES) OR Refugee Claimants paper OR Canadian citizenship card and submit.**)

<i>Permanent Resident/Landed Immigrant</i>	
Immigration Category Code (On the back of the PR card.):	Client ID #(8 digits):
Date of Landing:	
<i>Canadian Citizen</i> Date of Landing:	<i>Refugee Claimant</i> Date of arrival in Canada:
<i>Provincial Nominee/received the letter of approval.</i> Date of arrival in Canada:	<i>Other (work permit/visa)</i> Date of arrival in Canada:
<i>In Canada before landing?</i> Date of arrival in Canada:	



Canadian Culture and
Communication for Nurses

Registration Form



First language:	Other Languages:
University Degree(s):	
Occupation (In first Country):	Occupation/Employer in Canada:

Nursing Licensure Stage: Check all that apply:

I started an application with the College of Registered Nurses in Manitoba (CRNM). Yes No

I started an application with the College of Licensed Practical Nurses in Manitoba (CLPNM). Yes No

I have passed the language requirements. Yes No

I am preparing for the competency assessment in (Date: _____)

I am preparing for the licensure exam (CRNE)/(CLPNE) in (Date: _____)

Language levels



*Entrance requirements for our program/tutoring is Canadian Language Benchmark 6+ (or equivalent) in all skill areas. *****Please provide a copy of your English test results.*****

English Test	Listening	Speaking	Reading	Writing	Date of Test
Canadian Language Benchmark (CLB)					
CELBAN					
IELTS					

How did you hear about our program? _____

Go to <http://eal.manitobanurses.ca> for more details about the programs we offer.

Manitoba Nurses' Union
275 Broadway, 3rd Floor, Winnipeg, MB R3C 4M6

We prefer that you email your registration form to dsoucic@manitobanurses.ca
(Registration forms can also be dropped off in person or mailed to the address above.)

The Manitoba Nurses Union abides by the rules and regulations of the Personal Information Protection and Electronic Documents Act (PIPEDA) with regard to capturing, retention and destruction of personal information. This personal information will be used to maintain a record of participants in the Canadian Culture and Communication for Nurses Program. Questions about the collection can be addressed to the Privacy Officer of the MNU (942-1320 or 1-800-665-0043).