



Healthcare Assistant Apprentice Application Form

Please complete all questions

Applicant Information

Full Name: _____

Are you Caymanian? YES NO

Date of Birth: (DD/MMM/YY): _____ Age: _____ Male Female

Email: _____ Cell Number: _____

Location: WB GT BT NS EE CYB LC Are you registered with WORC? YES NO

Are you currently employed? YES NO

Can you work in the evenings? YES NO Saturdays? YES NO Sundays? YES NO

Education Background (High School/College/University)

Year _____ Course of Study _____ School/College/University _____

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Year _____ Course of Study _____ School/College/University _____

Employment History

Please provide any previous work experience (if applicable)

Role Screening Exercise

When you attend a medical clinic as a patient, what do you think is important to you?

How could a healthcare assistant support the above being delivered for patients?

Give an example that demonstrates that you have the personal attributes which are essential for this role.

A patient needs blood drawn and is very anxious. What could you do to help them?

The nurse is drawing blood from a patient. She needs to fill three (3) different tubes. One needs 3ml, one needs 5 ml, and the other 8ml. How much blood does she need to take in total?

A baby weighed 3120g at birth and now weighs 2970g. How much weight has the baby lost?

Barriers

Do you have any barriers to training? Childcare Transportation Healthcare Housing Other _____
Are you in good health (can stand/lift/bend/walk/stoop/no medical issues)? YES NO

Checklist for Application

- | | |
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| <input type="checkbox"/> Completed Application Form | <input type="checkbox"/> Must be registered as a Jobseeker with WORC |
| <input type="checkbox"/> CV/Resume (if available) | <input type="checkbox"/> Must be 17 years and older |
| <input type="checkbox"/> Cover Letter | <input type="checkbox"/> Must be fully vaccinated |
| <input type="checkbox"/> Copy of exam certificate results or sealed transcript | <input type="checkbox"/> Possess four (4) IGCSE or CXC passes with grade C or 3 and higher or equivalent |

I certify that the information provided on this form is true and accurate to the best of my knowledge and understand that the provision of or falsification of any information or documentation may impact my registration. Yes No