



Archbishop Anthony Meagher Catholic Continuing Education Centre

Oshawa - 850 King Street W., Oshawa ON, L1H 1G5 Tel: (905) 438-0570 Fax: (905) 438-0571
Ajax - 458 Fairall St., Ajax, ON, L1S 1R6 Tel: (905) 683-7713 Fax: (905) 683-9436



Customer Service Training - Application Form

Oshawa Campus: Semester 1: September 11 – November 10, 2017 OR Semester 2: January 30 – April 12, 2018

PLEASE PRINT:

How did you hear about us? (e.g. friends, family, course guide, website ... _____)

Last Name: _____ First Name: _____

Legal Surname, Legal Given _____

Your maiden OR previous last name: _____ Male OR Female Birth Date: ____ / ____ / ____

Street Address, Apt. / Unit No., City, Postal Code _____

Home Phone: _____ Cell: _____ Work Phone: _____

E-mail: _____ Country of Birth: _____

Province of Birth: _____ **YOU MUST PROVIDE PROOF OF CANADIAN CITIZENSHIP**

Citizenship Status: Canadian Citizen Permanent Canadian Resident Landed Immigrant
 Student Visa Other: _____

If not born in Canada, date of entry into Canada: Year / Month / Day _____

First Language Spoken: English French Other: _____

EMERGENCY INFORMATION: Your Health Card # (OHIP): _____ • _____ • _____

List medical conditions that you have:

Person to contact in case of emergency: _____

Phone number Relationship to student: (_____) _____

PREVIOUS EDUCATION:

Have you been a student at Archbishop Anthony Meagher before? No Yes

Yes Day School Yes Correspondence Yes Adult Upgrading

If yes to above have you earned credits at this site? Yes No

Are you currently attending another school, educational institution or program: Yes No

If "yes" Part time Full time where?: _____

LAST HIGH SCHOOL Attended: _____ City: _____ Year: _____

Official Ontario Student Transcript is required to register OR YEAR of OSSD Graduation: _____

OSSLT: Successfully completed Ontario Literacy Test? Yes, Year: _____ No N/A

Please check the highest level of education that you have attained:

I have completed: Grade 9 Grade 10 Grade 11 Grade 12 College University Other _____

Work Experience:

Please list any jobs that you have had in the customer service field: _____

ADMITTANCE REQUIREMENTS:

Ⓞ You must be 18 years of age or older and have an interview to be accepted into the program.

SUBSIDIZED COST:

If you are receiving funds to participate in the Customer Service Program, complete the following:

Organization: _____ Contact Person: _____

Business Phone #: () _____ Fax # () _____

PROGRAM COMMITMENT:

If admitted to this program, I understand that attendance and punctuality are mandatory for successful completion. **Archbishop Anthony Meagher C.C.E.C. reserves the right to decline an application if a student is not able to meet the requirements.** I acknowledge that I have read and understand the above conditions:

Signature: _____ Date: _____

FULL NAME: (PRINT)

FOR OFFICE USE ONLY

Literacy Test Results: _____ OEN Number. _____

MATERIAL FEES: \$ 195.00

Cash/Debit/CC Payment: _____ Date: _____ Rec'd by: _____

Cash/Debit/CC Payment: _____ Date: _____ Rec'd by: _____

PAID IN FULL: _____

Date Signature: _____

Please note: Fees Associated with the Customer Service Program:

Included in the \$195 Fee:

- Registration Fee
- Customer Service Textbook
- Service Excellence
- WHMIS Certification
- Smart Serve
- Safe Food Handling

Office Notes: _____
