"The Benchmark and Heart of Caregiving"

CAREGIVER TRAINING SCHOOL

1320 Kalani Street Suite 288 Honolulu, Hawaii 96817 Phone No: (808) 848-9988

*Approved and Certified by DHS State of Hawaii Department of Human Services * Licensed by Department of Education*

Enrollment Form

☐ Mr. ☐ Mrs. ☐ Ms. Home Phone: _____ Cell: _____ Sex: M___ F____

Name: _____ _____
Last First Middle email address

Address: _____
Number & Street Apt # City/State/Zip Code

1. _____ _____ _____ _____
SS # Date of Birth Age Place of Birth

2. Class Preference: **( ) Day** **( ) Evening** **( ) Week-End**

☐ **Nurse Assistant** ☐ **PCT / CNA II** ☐ **24-Hr. Recert** ☐ **CNA Review**

Date	Date	Date	Date

3. ETHNIC ORIGIN

☐ White ☐ Korean ☐ Hawaiian ☐ Black
☐ Filipino ☐ Chinese ☐ Tongan ☐ Hispanic
☐ Samoan Black ☐ Japanese ☐ Micronesian
☐ Vietnamese ☐ Other:_____

☐ **Phlebotomy** ☐ **Basic EKG** ☐ **IV Insertion**

Date	Date	Date

Note: For NATP, The Training Center may reschedule a scheduled class if less than eight (8) students are enrolled. Once a deposit/payment is received, no refund is allowed.

4. Highest Education Attained: _____ Work Phone: _____

5. Current Employment: _____ Position: _____

6. Your name as you would like to appear on student name tag: _____

7. How did you hear about this course? _____

8. In case of emergency, whom may we contact? _____

_____ _____ _____ _____
Cell Home Work Relationship

9. Alternate contact, in case of emergency _____

_____ _____ _____ _____
Cell Home Work Relationship

10. Uniform Size ☐ XS ☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL ☐ 5XL

11. Have you had experience in caregiving/assisting with other's physical and/or psychosocial needs, i.e. Elderly, children, disabled, people with illnesses? ( )Yes ( )No. If yes, please describe level and Length of care provided. Include experiences as volunteer, family, employment.

_____

_____

12. Have you taken any science/health care related courses in school or had prior training in the medical field? List courses:

_____

_____

_____ _____
Student or Guarantor's Signature Date