***CPAC Bridging Program for Internationally Trained Accounting Professionals***

**APPLICATION FORM**

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| **Personal Information:** | | | |
| Last Name: | First Name: | | |
| Date of Birth (MM/DD/YY): | Sex:  Male  Female | | |
| Email: | Country of Origin: | | |
| Phone (Cell): | Phone (Home): | | |
| Address: | City: | | Postal Code: |
| Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone  Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| You arrived in Canada as  Independent – Professional Independent- Business Family Sponsored  Conventional Refugee Other, please specify: | | | |
| Status in Canada Canadian Citizen Permanent Resident Convention Refugee | | | |
| Length of Time in Canada: Less than 1 Year 1-3 Years  3 – 5 Years  Over 5 years | | | |
| **Education & Occupation:** | | | |
| Highest Level of Education:  Bachelor’s degree  Master’s degree  PhD degree | Country of Highest Education:  Area of Study:  Occupation:  Years of Experience in Occupation:  Years in Canada Not Practicing Occupation: | | |
| Language Level (if degree/diploma not obtained in Canada): CLB Level: | | | |
| What is your career goal?  Professional level employment  Employment in a related filed  Any type of employment: | | Are you currently:  Unemployed  Employed  Self-Employed | |
| Have you ever worked for over three (3) months in any of the following in Canada?  In your profession In a Related Profession  General job  None at all | | | |
| Please list any professional designation or certification you received:  I have none | | | |
| I will be able to commit to:  18-week full-time training and placementFull-time training only | | | |
| How did you learn about the program?  Website  Email  Info session  Friend  Other: | | | |

**\* Please attach a copy of your resume with the application.**I declare that the above information is true, and I understand that any false or incomplete information will result in rejection of my application.

Applicant’s Signature: Date: