***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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PhoneHome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 placement[ ] Full-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: