



# INTERNATIONAL STUDENT APPLICATION FORM

Please complete this form and return it to: Admissions  
Osilla Institute for Health Personnel Ltd.  
4915 Bathurst St. Unit 220 Toronto, Ontario M2R 1X9  
Tel: (416) 960-3081; email: [info@osillainstitute.com](mailto:info@osillainstitute.com)  
website: [osillainstitute.com](http://osillainstitute.com)

## Notes

- Applications can take up to two weeks to process.
- This form can be emailed or posted to us, together with the required supporting documents.
- Please read the additional notes on the last page of this application form.
- Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.
- All sections of this form must be completed in full. Failure to do so will result in your form being returned to you.

Please **TYPE** all your details in this form where possible but note that all signatures must be handwritten.

## Section 1 – Applicant details

Referred By:	
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Personal details																					
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (please specify) <input type="text"/>																				
First name	Middle name(s)																				
Family name																					
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>																				
Date of birth	<table border="1"><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	D	D	/	M	M	/	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	/	M	M	/	Y	Y	Y	Y												
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
Your qualifications																					
Please give the qualifications you wish to appear on your records (e.g. BA, BSc)																					

Deadlines for submission of this application	
If you wish to start the Application process, we must receive this application and complete admission requirements together with the fee, by the dates below. We cannot process your Application Registration until you have been admitted as a student, so it is important that you adhere to this timescale.	
November 2022	January 2023
March 2023	May 2023
July 2023	September 2023

**Address details**

If you fail to provide a current correspondence address, telephone number and email address (in clear typing or handwriting) this will result in the application being returned to you.

This may cause delay if you wish to undertake the forthcoming start dates.

**Correspondence with you will mainly be by email. Please ensure that your email address is clearly legible.**

<b>Which address you would like correspondence from Osilla Institute for Health Personnel to be sent to?</b>	Home <input type="checkbox"/>	Office <input type="checkbox"/>
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**Current residential address**

<b>Address</b>						
<b>Postal city/town</b>				<b>Postal Code</b>		
<b>County</b>				<b>COUNTRY</b>		
<b>Telephone number</b>	<b>Country code</b>		<b>Area /City code</b>		<b>Number</b>	
<b>Mobile number</b>	<b>Country code</b>		<b>Area /City code</b>		<b>Number</b>	
<b>Personal email address (Please print very clearly)</b>						

**Current employment address**

If you are currently unemployed, please tick here	<input type="checkbox"/>
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<b>Company name</b>						
<b>Position/Job title</b>				<b>Department</b>		
<b>Company address</b>						
<b>Postal city/town</b>				<b>Postcode</b>		
<b>County</b>				<b>COUNTRY</b>		
<b>Telephone number</b>	<b>Country code</b>		<b>Area /City code</b>		<b>Number</b>	
<b>Mobile number</b>	<b>Country code</b>		<b>Area /City code</b>		<b>Number</b>	
<b>Company email address (If avail.) (Please print very clearly)</b>						

## Section 2 – Education and qualifications

Please give your full education history with the qualifications awarded.

**You must provide proof of all qualifications with your application.** To do so you must provide **certified copies** of education certificates for all examinations detailed below.

- You should take photocopies of your certificates. A professional person (not a family member or friend) must certify them by
  - writing on each copy that ‘This is a true copy of the original certificate’
  - signing and dating the declaration
- The signatures must be the handwritten signature of the certifier.
- Certificates in any language other than English must be accompanied by certified English translations.

University education				
<b>Level</b>	Honours Degree <input type="checkbox"/>		Ordinary Degree <input type="checkbox"/>	
<b>Grade</b>	1 <sup>st</sup> <input type="checkbox"/>	2.1 <input type="checkbox"/>	2.2 <input type="checkbox"/>	3 <sup>rd</sup> <input type="checkbox"/>
<b>University attended</b>				
<b>Subject studied</b>				
<b>Date of graduation</b>				

<b>Level</b>	Doctorate <input type="checkbox"/>	Masters <input type="checkbox"/>	Postgraduate diploma <input type="checkbox"/>
<b>University attended</b>			
<b>Subject studied</b>			
<b>Date of graduation</b>			

High School education			
School attended (Give full name and country)	A level (or High School equivalent):	Graduated Yes    No	Date Graduated

Other professional qualifications		
Please give details of any other professional qualifications that you have gained		
Professional association	Qualification gained	Date of graduation

**Section 4 – Method of payment**

**Please read these notes before arranging payment for your admission application**

You must complete all information in the relevant section. We do not send invoices for student admission fees. The Osilla Institute for Health Personnel accept no responsibility for any loss or interception of this information during transmission by any medium.

You must ensure that any bank charges are paid at the time of transfer, otherwise we will not receive the full payment. If the correct payment is not received, your application will be delayed until we receive the outstanding balance.

**The Registration/Processing fee must accompany this application. Applications submitted without the necessary fees will not be processed and will be returned.**

**START & END DATES**

**NACC PSW 2015 & Business Courses**

**\*Contact us for the updated list of start dates for this year\***

**Payment details**

**Please read the notes on the previous page and ensure that you pay the correct fee**

**My country of residence is**

*You must ensure that any bank charges are paid at the time of transfer, otherwise we will not receive the full payment. If the correct payment is not received, your application will be delayed until we receive the outstanding balance.*

<input type="checkbox"/>	<b>Bank transfer</b>	<b>Other:</b>	Please enter the total amount of Bank transfer. A remittance advice MUST accompany this form as proof of your payment.
<b>Account name</b>		<b>Branch number</b>	
<b>Account number</b>		<b>Bank name</b>	
<b>Institution number</b>		<b>Bank address</b>	
<b>SWIFT</b>			

**The total fee that I am paying is** **Canadian funds \$**

**Section 5 – Referees’ declaration**

**Name of applicant (BLOCK CAPITALS)**

**This section must be signed by two referees.**

- All applicants are required to have their application form signed by two referees. A referee should normally be a person of good standing, e.g., university professor, lawyer, doctor, Minister of Religion, or other professionally qualified person, who has known the applicant personally for at least two years. Members of an applicant’s own family cannot be accepted as referees.
- The applicant should, so far as can be judged by the referees, be a person suitable for membership of a professional body who can be relied upon to maintain the standards of the Osilla Institute for Health Personnel.

Referees should note that we may use the information on this page to contact the Referee to verify the information provided.

<b>First referee</b>			
I have known the applicant for at least two years and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be a student of the Osilla Institute for Health Personnel.			
<b>Name (BLOCK CAPITALS)</b>		<b>Occupation</b>	
<b>Address</b>			
<b>Email address</b>			
<b>Signature</b>		<b>Date</b>	

<b>Second referee</b>			
I have known the applicant for at least two years and, to the best of my knowledge and belief, consider him/her to be a fit and proper person to be a student of the Osilla Institute for Health Personnel.			
<b>Name (BLOCK CAPITALS)</b>		<b>Occupation</b>	
<b>Address</b>			
<b>Email address</b>			
<b>Signature</b>		<b>Date</b>	

## Section 6 – The applicant’s declaration

**This section must be signed by applicant.**

*Before signing this declaration, you are strongly advised to read on how to obtain a Study Permit/Visa on this [website](http://www.cic.gc.ca):*

***CIC.gc.ca.** The Canadian Embassy is responsible for the approval or refusal of a Student Permit/Visa. Osilla Institute for Health Personnel has no influence whatsoever on the decision made by the Canadian Embassy. Osilla Institute for Health Personnel does NOT guarantee employment for any student who successfully completes the vocational program offered by Osilla Institute for Health Personnel.*

<ul style="list-style-type: none"> <li>• I apply to the Osilla Institute for Health Personnel.</li> <li>• I confirm that I am a fit and proper person to be admitted as a Student of the Osilla Institute for Health Personnel.</li> <li>• I confirm that I do not have any criminal convictions, and that I am not aware of any incidents in which I have been involved that might lead to a criminal charge or conviction against me.</li> <li>• I have not, either in my country of origin or elsewhere:             <ul style="list-style-type: none"> <li>• been declared Bankrupt.</li> <li>• been censured, disciplined or publicly criticized by any professional body to which I belong or belonged;</li> <li>• or been dismissed from any office or employment;</li> <li>• or been excluded from a university course for misconduct;</li> <li>• or refused entry to any profession, association, or occupation.</li> </ul> </li> <li>• I am not aware of any circumstances that would make me unsuitable for studentship of the Osilla Institute for Health Personnel.</li> <li>• If my application is approved, I understand and agree:             <ul style="list-style-type: none"> <li>• to conform to the Byelaws, Rules and Regulations of the Osilla Institute for Health Personnel as now exists, or as may in future be altered, amended, or enlarged, and I will, to the best of my ability, promote the objects of the Osilla Institute for Health Personnel.</li> <li>• that I shall be subject to the Disciplinary Rules of the Osilla Institute for Health Personnel.</li> </ul> </li> <li>• I understand that to withdraw from the program I must inform the Registration Office of my cancellation and that after payment of any arrears, delivery or books, papers, or other property of the Osilla Institute for Health Personnel, I will be free from these obligations.</li> </ul>
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<b>Name (BLOCK CAPITALS)</b>			
<b>Signature</b>		<b>Date</b>	

Please complete the following	
I have enclosed <b>certified copies of all education certificates</b> referred to in the application (page 3)	<input type="checkbox"/>
I have provided an appropriate <b>method of payment</b> for the fees (page 4)	<input type="checkbox"/>
I have provided details of <b>two suitable referees</b> (page 5)	<input type="checkbox"/>
I have signed and dated the <b>applicant’s declaration</b> (page 6)	<input type="checkbox"/>