



Project SEARCH PEI Application for Admission

Applicant Information:

Full name with middle initial: _____

Date: _____

Address

Street Address _____ Apartment/Unit # _____

City _____ Province _____ Postal Code _____

Phone _____ Email address _____

Date of birth (day/month/year) _____

Primary Caregiver/Family Member:

Full name: _____ Contact phone #: _____

Relationship to Applicant _____

Email address: _____

Education High school attended: _____ Graduation year: _____

How did you hear about Project SEARCH PEI? _____

What are some of the reasons that you want to be accepted into Project SEARCH PEI?

Health PEI Requirements

As a participant training in a Health PEI institution, all individuals must have or be willing to have two Covid-19 vaccinations.

a) Are you currently vaccinated for Covid 19 ? Yes No

b) If you checked "no", are you willing to schedule a vaccination appointment for two Covid vaccines as soon as possible? Yes No

Health PEI requires all workers to complete a criminal record check and provide documentation that proves they are up to date on all immunizations including at least two Covid-19 vaccinations. Are you willing to provide these documents?
Yes No

If not, please state your reasoning:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to my acceptance into Project Search PEI, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____