

Application Form

Course and Student Information

Program Title: Health Care Management & Leadership Development		Program Start:
First Name:	Last Name:	
Address:		
City:	Postal Code:	
Phone:	Email:	
Birthdate MM/DD/YYYY:		

Student History

1. Have you previously attended Lambton College?

Yes

No

a. If Yes, please provide the following:

Student Number: _____

Previous Name (if applicable): _____

2. Where did you hear about this program? _____

Emergency Contact

First Name: _____ Last Name: _____

Relationship to Student: _____

Phone: _____

Admission Requirements

Please submit the following to allow us to determine program eligibility:

- Proof of a post-secondary credential or equivalent
- Professional resumé outlining a minimum of three years' management experience in a health care setting

Return completed form and admission requirements to:

Tess Scott, Office Assistant

By Mail

- Lambton College
- ATTN: Tess Scott
- 1457 London Road
- Sarnia, ON N7S 6K4

In-Person

- Lambton College Fire School
- 459 LaSalle Line
- Sarnia, ON

By Email

tess.scott@lambtoncollege.ca

By Fax

519-336-4537