## TRINITY SCHOOL OF NURSING

5500 Telegraph Road Suite 145 Ventura, CA 93003 Tel# (805) 654-1500 Satellite Location: 7 W. Figueroa St. Suite #300 Santa Barbara, CA 93101 Tel# (805)322-3467 Fax# (818) 456-0993

Email: trinitynursingedu@ymail.com

## **APPLICATION FORM**

Location:	[A( Ventura(	CHHA Satellite Location	CEUs	
FOR	R OFFICE USE ONLY. DO	O NOT FILL IN:		
Student ID No.			Class ID No.	
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		/ /		
TUDENT NAME		DATE OF BIRTH		
DDRESS	CITY	STATE	ZIPCODE	
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HOME PHONE #	CELL PHONE #	E# SOCIAL SECURITY#		
MAIL:				
MERGENCY CONTACT PERSO	ON	,		
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UCATIONAL BACKGROUND  Name & Address of School		ear Graduated	Diploma/Certificate	
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ORK EXPERIENCE				
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**INTERVIEW FORM** 

How did you learn about Trinity School	of Nursing? (Please check all that apply)		
□ Flyers	□ Facebook		
□ Brochures	□ Referral:		_
□ Postcards	☐ Gas Station Ad		
☐ Online/Web Search	□ Other:		
Would you be interested in being on the Contact List for Job Listings?			□ No
Would you be interested in enrolling in the Certified Home Health Aide Program?		□ Yes	□ No
	g the CNA Program? (Please check all that ap	ply)	
□ Enroll in an RN/LVN Program.			
☐ Find a job in a Nursing Facility			
☐ Find a job in a Hospital			
□ Other:			
Please write a brief description about yo	ourself. Include hobbies, interests, and special	skills.	
	, , ,		
What made you decide to enroll in this p	orogram?		
What are your expectations for this prog	gram and the school?		
TSN Representative Signature	e	Date	;