

Hua Xia Acupuncture and Herb College of Canada

APPLICATION FORM

Name (Last) _____ (First) _____ Social Insurance # _____
Male _____ Female _____, Married _____ Single _____, Citizenship _____
Date of Birth (D/M/Y) _____, Place of Birth _____
Home address: _____ Email _____
City _____ Province _____ Postal Code _____ Country _____
Telephone (Home) _____ (Office) _____ (Cell) _____

Social Insurance No: _____
Emergency contact: Name _____ Tel. _____

Occupation _____ Work address _____
Name of Employer _____ City _____ Prov. _____

Education: Please state in detail (name, location, length of stay)

Senior High School _____	From _____	To _____
College _____	From _____	To _____
University _____	From _____	To _____
Other _____	From _____	To _____

Employment/Related Experience: (name, location, position)

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Other Experience _____

Interests and activities _____

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