

Capacity Assessment Training Application

Presented by the Office of the Public Guardian and Trustee

Course Dates: September 25, 26, 27, 2024

Please print clearly and include all information:

Last Name:		First Name:	
*Applicant's Mailing Address (Required):			
Street Address:			
*Email Address (Required):			
City:		Province:	Postal Code:
Telephone (Work):		Alternate Phone Number:	

Please indicate which college you belong to:

Note: You must be registered and in good standing to attend this course

<input type="checkbox"/> Alberta College of Occupational Therapists	Professional Registration Number:
<input type="checkbox"/> Alberta College of Social Workers	Professional Registration Number:
<input type="checkbox"/> The College and Association of Registered Nurses of Alberta	Professional Registration Number:
<input type="checkbox"/> College of Registered Psychiatric Nurses of Alberta	Professional Registration Number:

Please provide the following information:

Current Occupation:
Employer:
Employer Address:

Note: This course must be completed, and you must be designated by the Minister of Seniors, Community and Social Services to complete capacity assessments under the *Adult Guardianship and Trusteeship Act (AGTA)*.

Signature:

Date: