



Registrant Agreement: *registration form follows

The Personal Support Worker (“PSW”) Registry of Ontario (“Registry”) Registrant Agreement (“Agreement”) sets out your responsibilities as a participant in the Registry. Please read the information below carefully. You must submit this signed/digitally signed form with your application materials acknowledging you understand and agree to the terms and conditions below. **IF YOU DO NOT AGREE TO THE TERMS AND CONDITIONS BELOW, YOU MAY NOT PARTICIPATE IN THE REGISTRY.** If you have any questions about this Agreement, please contact the Registry by email at inquiries@psw-on.ca or by telephone at 416-596-3100 or 1-855-644-7796.

Introduction:

The Registry provides all of its operational features, which includes (www.psw-on.ca), all site-related services, and authorized mobile device applications (collectively, the “Site”). This Agreement governs applicants’ or registrants’ (“you” or “your”) use of the Site. You must carefully read and understand the terms and conditions of this Agreement. By signing this Agreement and submitting your application, you agree to be bound by this Agreement and all policies located on the Site, as amended from time to time (“Policies”). If you do not agree, you must withdraw your application or terminate your registration. Please also read the following Policies: [Registrant Terms of Use](#), [Code of Ethics](#), [Complaints Policy and Process](#), [Roles and Responsibilities of Personal Support Workers](#), [Registration and Renewal Policy](#), [Education Requirements and Alternative Assessment Policy](#), and [Privacy Policy](#).

Registration:

When and if you register, you must:

- (a) provide accurate and complete information about yourself, to the best of your knowledge, as prompted by the Registry’s Registration Application Form (including your email address) and supporting documentation as required by the Registry’s [Registration and Renewal Policy](#);
- (b) within **thirty (30) calendar days** of any change to the information provided in (a), notify the Personal Support Worker Registry of Ontario of the change in information (including your email address) to keep it accurate and complete;
- (c) acknowledge that acceptance into the Registry is at the sole discretion of the Registry based upon the strict admission guidelines stated in the [Registration and Renewal Policy](#);
- (d) agree to have your personal information collected, used and disclosed consistent with the Registry’s [Privacy Policy](#) and [Complaints Policy and Process](#);



- (e) abide by the Registry's [Registrant Terms of Use](#), [Code of Ethics](#), [Roles and Responsibilities of Personal Support Workers](#), [Complaints Policy and Process](#) and other Policies;
- (f) agree to the Registry receiving, reviewing and retaining complaints in accordance with its [Complaints Policy and Process](#);
- (g) agree to the Registry's right to disclose certain complaints or findings when the Registry, in its sole discretion, determines that such disclosure is reasonably necessary for the Registry to discharge its function or for the protection of the public; and
- (h) agree to the fact that your registration status may be changed, with applicable notice, at the sole discretion of the Registry (which may include termination of registration).

If the Registry has reasonable grounds to suspect that any information provided by you (or on your behalf under your direction or knowledge) is untrue, inaccurate, not current, incomplete and/or contains a misrepresentation, **it may alter your standing with the Registry**. This may include terminating your registration, suspending access to your account, your use of the login, and/or disclosing any changes in your registration, including to your employer, professional college, or to the police, as required or permitted by law and consistent with the terms of the Registry's [Privacy Policy](#) and any other relevant Policies.

Acceptance onto the Registry will not guarantee renewal or admittance onto any future registries. You may be required to re-submit any and all information to future registries. Acceptance onto the Registry is not a guarantee of future or additional employment.

Change in Registration Status:

The Registry may, at its sole discretion and in accordance with its Policies:

- deny applicants who have not completed the registration application form or submitted the applicable supporting documentation;
- remove individuals from the Registry for breach of this Agreement or any of the Registry's Policies;
- change a Registrant's status in accordance with this Registrant Agreement, the [Registration and Renewal Policy](#), the [Complaints Policy and Process](#) or any other Registry policy;
- notify employers, professional colleges or registries, and/or police as required by law; and/or
- take any other action with written notice.



PERSONAL SUPPORT WORKER
REGISTRY OF ONTARIO

REGISTRE ONTARIEN
DES PRÉPOSÉS AUX SERVICES
DE SOUTIEN À LA PERSONNE

Application Package

Termination of Registration:

You may, in writing, request to be removed from the Registry or withdraw your consent for your information to be shared by the Registry on any employer-facing components or any future iterations of the Registry where there may be a public-facing component. Upon receipt of this request, the Registry will terminate your registration.

I have read, understood and agree to the terms and conditions of this AGREEMENT.

Applicant:

Name (Printed): _____

Signature: _____

Date: _____



Personal Support Worker Registry of Ontario (“Registry”) Registration Application Form

*Mandatory Field

PHASED ROLL OUT ELIGIBILITY	
*Are you currently employed as a PSW with a Registered Employer of the Personal Support Worker Registry of Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No. For a list of Registered Employers, please click here .	
If no:	The Registry is inviting PSWs to enrol in phases. At this time, we are beginning with applicants who are employed with a Registered Employer. The Registry still encourages you to complete the full application form and submit all required documents. The Registry will gradually invite the remaining PSW population to enrol through an expanded eligibility process. If you are seeking potential employment opportunities with one of our Registered Employers, click here for additional information.

PERSONAL DETAILS	
*Legal First Name _____	Middle Name _____
*Legal Last Name _____	Preferred Name _____
Title <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> other _____	*Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> prefer not to identify
*Date of Birth Year Month Day	
*Citizenship	<input type="checkbox"/> I certify that I am a Canadian citizen, permanent resident, landed immigrant, or have a valid employment authorization from Immigration Canada to engage in practice as a PSW.
*Languages	Check as many as apply:
*Spoken	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Cantonese <input type="checkbox"/> Punjabi <input type="checkbox"/> Urdu <input type="checkbox"/> Tamil <input type="checkbox"/> Tagalog <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> Italian <input type="checkbox"/> Persian (Farsi) <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> other – please specify: _____
*Written	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Cantonese <input type="checkbox"/> Punjabi <input type="checkbox"/> Urdu <input type="checkbox"/> Tamil <input type="checkbox"/> Tagalog <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin



- Italian Persian (Farsi) Portuguese
 Russian other – please specify: _____

Applicants to the Registry must submit two copies (2) pieces of government-issued identification. At least one (1) piece of ID must demonstrate the applicant’s eligibility to work in Ontario (i.e. Canadian Passport, Canadian Citizenship Card, Canadian Permanent Resident Card or a valid work permit issued by Immigration, Refugees and Citizenship Canada) and at least one (1) piece of ID must be a photo identification (health card will not be accepted). **You must not send the original copies of your personal identification documents. The Registry is not liable for any original copies of personal identification documents that may be mistakenly sent to the Registry.**

The information that appears on both pieces of ID must correspond to the information that appears on the application and other supporting documentation. If the applicant has changed their name, they must submit a copy of their official Certificate of Name Change (or equivalent) in addition to the two (2) pieces of government-issued ID required above. All supporting documentation submitted as proof of identity must be valid and government-issued; expired documentation will not be accepted by the Registry.

CONTACT INFORMATION

*Permanent Address:

*Street Number: _____ *Street Name: _____
-
*City: _____ *Province: _____
-
*Postal Code: _____

*Mailing Address or same as above

Street Number: _____ Street Name: _____
-
City: _____ Province: _____
-
Postal Code: _____

*Contact Email: _____
*Contact Phone Number: _____



EDUCATION

*Have you graduated from a Personal Support Worker Program from a College of Applied Arts and Technology (CAAT or “Community College”), a Private Career College (PCC), or a Continuing Education Schoolboard Program (CESBP)? Yes No

If no: You do not qualify for the PSW Registry at this time. The Registry will gradually invite the remaining PSW population to enrol through an expanded eligibility process.

If yes: What is the name of your program as it appears on your certificate?

- Personal Support Worker
- Préposé aux services de soutien personnel

Please indicate the date of your graduation:

Month Year

Please select the institution of graduation below. Please note the following educational institutions are part of the sample used for the initial phase of implementation. The list of educational institutions will be expanded as the Registry’s onboarding processes and overall functionality are refined.

COLLEGE OF APPLIED ARTS AND TECHNOLOGY (CAAT OR “COMMUNITY COLLEGE”)

<input type="checkbox"/> Algonquin College	<input type="checkbox"/> Cambrian College	<input type="checkbox"/> Canadore College	<input type="checkbox"/> Centennial College
<input type="checkbox"/> Collège Boreal	<input type="checkbox"/> Conestoga College	<input type="checkbox"/> Confederation College	<input type="checkbox"/> Durham College
<input type="checkbox"/> Fanshawe College	<input type="checkbox"/> Fleming College	<input type="checkbox"/> George Brown College	<input type="checkbox"/> Georgian College
<input type="checkbox"/> Humber College	<input type="checkbox"/> La Cité Collégiale	<input type="checkbox"/> Lambton College	<input type="checkbox"/> Loyalist College
<input type="checkbox"/> Mohawk College	<input type="checkbox"/> Niagara College	<input type="checkbox"/> Northern College	<input type="checkbox"/> St. Clair College
<input type="checkbox"/> St. Lawrence College	<input type="checkbox"/> Sault College	<input type="checkbox"/> Seneca College	<input type="checkbox"/> Sheridan College

PRIVATE CAREER COLLEGE (PCC)

<input type="checkbox"/> A1-Global College of Health, Business & Technology	<input type="checkbox"/> Cornerstone College of Healthcare & Business	<input type="checkbox"/> North American College of Information Technology
<input type="checkbox"/> ABM College of Health & Technology	<input type="checkbox"/> CRD College of Health Care	<input type="checkbox"/> North American School of Information Technology Inc.
<input type="checkbox"/> Academy of Learning Career College	<input type="checkbox"/> CTS Canadian Career College	<input type="checkbox"/> Osilla Institute of Health Personnel Ltd.



<input type="checkbox"/> Algonquin Careers Academy	<input type="checkbox"/> Dan Robert College of Health Care	<input type="checkbox"/> Oxford College of Arts, Business & Technology
<input type="checkbox"/> Anderson College of Health, Business & Technology	<input type="checkbox"/> Dominion College of Business, Health and Technology	<input type="checkbox"/> Peak Private Health Care College
<input type="checkbox"/> Brampton Institute of Trades, Technology and Science	<input type="checkbox"/> Edge Academy	<input type="checkbox"/> Pharma-Medical Science College of Canada
<input type="checkbox"/> Canadian All Care College	<input type="checkbox"/> Emmanuel Academy of Business, Healthcare and Technology	<input type="checkbox"/> Prime International College of Health Care and Technology
<input type="checkbox"/> Canadian Business College	<input type="checkbox"/> Evergreen College	<input type="checkbox"/> Progressive Training College of Business & Health
<input type="checkbox"/> Canadian Business Skills College of Technology	<input type="checkbox"/> Gates College of Business, Culinary & Healthcare	<input type="checkbox"/> Saint Elizabeth Health Care College
<input type="checkbox"/> Canadian Care Academy Inc.	<input type="checkbox"/> Grand Health Academy	<input type="checkbox"/> Thompson Career College of Health & Business
<input type="checkbox"/> Canadian Institute of Management & Technology	<input type="checkbox"/> Hamilton Institute for Health Personnel	<input type="checkbox"/> Toronto Business College
<input type="checkbox"/> Canadian Institute of Management & Technology(CIMT)	<input type="checkbox"/> HCPT College of Health, Business and Technology	<input type="checkbox"/> Toronto Health School
<input type="checkbox"/> Canadian International Career College	<input type="checkbox"/> Herzing College	<input type="checkbox"/> TRiCARE Academy
<input type="checkbox"/> CDI College Business Technology Healthcare	<input type="checkbox"/> Holi Health	<input type="checkbox"/> Trillium College Inc.
<input type="checkbox"/> Central Health Institute	<input type="checkbox"/> JRS College of Business and Health Care Inc.	<input type="checkbox"/> triOS College Business Technology Healthcare Inc.
<input type="checkbox"/> City College of Business, Health & Technology	<input type="checkbox"/> KLC College : Healthcare, Business & Education	<input type="checkbox"/> UMS Healthcare College
<input type="checkbox"/> CJ Health Care College	<input type="checkbox"/> Medix College of Healthcare	<input type="checkbox"/> Westervelt College
<input type="checkbox"/> Clarkridge Career Institute	<input type="checkbox"/> Metrocare Health Academy	<input type="checkbox"/> Willis College of Business, Health & Technology
<input type="checkbox"/> CLI College of Business, Health & Technology	<input type="checkbox"/> National Academy of Health & Business	<input type="checkbox"/> Windsor Career College
<input type="checkbox"/> Computek College of Business, Healthcare & Technology	<input type="checkbox"/> Niagara School of Health Care	<input type="checkbox"/> Other : _____



<p>*Did you successfully complete the National Association of Career Colleges (NACC) Final Theory Examination and receive a NACC certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
If no:	Please proceed to the next question.
If yes:	Please provide us with the date of your certificate: _____. You will also need to submit a copy of your NACC certificate to the Registry.

CONTINUING EDUCATION SCHOOLBOARD PROGRAM (CESBP)		
<input type="checkbox"/> Algonquin Lakeshore CDSB	<input type="checkbox"/> Grand Erie DSB	<input type="checkbox"/> Sudbury CDSB
<input type="checkbox"/> CDSB of Eastern Ontario	<input type="checkbox"/> Hamilton Wentworth CDSB	<input type="checkbox"/> Thames Valley DSB
<input type="checkbox"/> Conseil des écoles publiques de l'Est de l'Ontario	<input type="checkbox"/> Kawartha Pine Ridge DSB	<input type="checkbox"/> Toronto DSB
<input type="checkbox"/> Partnership with Conseil des écoles publiques de l'Est de l'Ontario and Conseil scolaire de district catholique de l'Est ontarien	<input type="checkbox"/> Lambton Kent DSB	<input type="checkbox"/> Trillium Lakelands DSB
<input type="checkbox"/> DSB of Niagara	<input type="checkbox"/> Limestone DSB	<input type="checkbox"/> Waterloo CDSB
<input type="checkbox"/> Niagara CDSB	<input type="checkbox"/> Ottawa Carleton DSB	<input type="checkbox"/> York Region DSB
<input type="checkbox"/> Dufferin Peel CDSB	<input type="checkbox"/> Peel DSB	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Durham CDSB	<input type="checkbox"/> Simcoe County DSB	



BACKGROUND

*Have you ever applied to any Personal Support Worker Registry in Ontario (including this Registry) and been denied entry **or** had your membership revoked? Yes No

If yes: *What was the reason for your denial to the Registry **or** your membership being revoked?

*Do you currently hold or have you ever held membership with an unregulated or regulatory body inside or outside of Ontario? Yes No

If yes: *What is the name of the unregulated or regulatory body that you hold a membership with?

Please provide additional details:

*Province/State: _____

*Country: _____

*Date of Membership: _____ to _____
Year Month Day Year Month Day

*Was your current or previous membership(s)/registration(s) denied or suspended, revoked or subject to any terms, limits, or conditions?

Yes No

If yes, please describe.

*Are there any current proceedings or past outcomes related to the submission of a formal or informal complaint about you as a member of this body?

Yes No



If yes, please provide details and outcomes of such proceedings.

WORK HISTORY

*Have you ever been employed as a Personal Support Worker? Yes No

If yes:

Primary Employer

Are you Self-Employed? Yes No

NOTE: If you are self-employed, please list Employer Name as "Self-Employed" and complete remaining fields.

*Employer Name: _____

*Position Title: _____

*Area of Practice: Home Care Hospital Long-term Care
 Group Home School Private Other: _____

*Start Date: _____
Year Month Day

*End Date: _____ **OR** Currently Employed
Year Month Day

*Address:

Street Number: _____ Street Name: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

*Employer Telephone Number: _____

Employer Email Address: _____

Employment Status: Full-Time Part-Time

Number of Work Hours per week: _____

Duties: _____



Employer #2

Are you Self-Employed? Yes No

NOTE: If you are self-employed, please list Employer Name as "Self-Employed" and complete remaining fields.

*Employer Name: _____

*Position Title: _____

*Area of Practice: Home Care Hospital Long-term Care
 Group Home School Private Other: _____

*Start Date: _____
Year Month Day

*End Date: _____ **OR** Currently Employed
Year Month Day

*Address:

Street Number: _____ Street Name: _____

City: _____ Province: _____

Postal Code: _____ Country: _____

*Employer Telephone Number: _____

Employer Email Address: _____

Employment Status: Full-Time Part-Time

Number of Work Hours per week: _____

Duties: _____

Employer #3

Are you Self-Employed? Yes No

NOTE: If you are self-employed, please list Employer Name as "Self-Employed" and complete remaining fields.

*Employer Name: _____

*Position Title: _____

*Area of Practice: Home Care Hospital Long-term Care
 Group Home School Private Other: _____



*Start Date: _____
Year Month Day

*End Date: _____ **OR** Currently Employed
Year Month Day

*Address:
Street Number: _____ Street Name: _____
City: _____ Province: _____
Postal Code: _____ Country: _____

*Employer Telephone Number: _____
Employer Email Address: _____

Employment Full-Time Part-Time

Status:
Number of Work Hours per week: _____

Duties: _____

EMPLOYMENT OPPORTUNITIES

*Are you looking for new or additional potential employment? Yes No

If yes:
*Select the areas you would be interested to work in.
 Home Care Hospital Long-term Care
 Group Home School Private Other: _____

*Select the regions you would like to work within.
 Northwest Northeast Central Southwest East GTA Toronto

*How many hours per week can you _____
work?

*Do you consent to being contacted by the Registry, operating on behalf of registered employers, about potential job opportunities? Yes No

ATTESTATIONS



- *I declare that there are no current proceedings or past convictions of a crime that carries a sentence greater than **six (6) months**.
- *I declare that there are no current proceedings or past convictions of a crime in the following areas: abuse, assault, theft, fraud and/or sexual offences.
- *I declare that I am fit to practice as a Personal Support Worker in Ontario and have the knowledge, credentials, good character and ability to practice as a Personal Support Worker and within the [Roles and Responsibilities of Personal Support Workers](#), as defined by the Registry.

ACCURACY OF INFORMATION

- *I hereby declare that the information provided in my registration application is true and accurate to the best of my knowledge and belief.
- *I understand that the submission of false information or any form of willful misrepresentation is considered professional misconduct and may result in termination of my registration.
- *I understand that should any of the information submitted in my registration change, that it is my responsibility to notify the Personal Support Worker Registry of Ontario within **thirty (30) calendar days** of the date of change. Failure to update any changes in information may impact my standing with the Personal Support Worker Registry of Ontario.

DECLARATION OF UNDERSTANDING

- *I understand that the Personal Support Worker Registry of Ontario may need to gather additional information, as required, in relation to my Registration Application Form. As such, additional information or supporting documentation may be required from me in the future to support this application.
- *I acknowledge that I have read and understood all policies and the [Terms of Use](#) pertaining to my application submission to become a registrant of the Personal Support Worker Registry of Ontario.



Registration Supporting Document Checklist

PLEASE READ THE FOLLOWING BEFORE PROCEEDING:

- Your signed/digitally signed Registrant Agreement, Registration Application Form, signed/digitally signed Consent Form, and all supporting documentation must be submitted to the Registry via mail as **one complete package** with the exception of documents that must be submitted by the issuing body themselves (as indicated in the check list below).
- All documentation submitted **must be at a legible resolution**, which clearly shows all text, photos, and document markers as applicable. If any document in the package is illegible, **the complete package will not be accepted** and will be returned to the sender.

MAILING ADDRESS:

Personal Support Worker Registry of Ontario
222 St. Patrick Street
Toronto, Ontario
M5T 1V4

Upon receipt of an applicant's online, or mailed, application form to the Registry, the Registry must receive the following supporting documentation within **thirty (30) calendar days**:

- One (1) copy of a government-issued ID demonstrating the applicant's ability to legally work in Ontario. The documentation must be one of the following:
 - Canadian Passport;
 - Canadian Citizenship Card;
 - Canadian Permanent Resident Card; or
 - Valid work permit issued by Immigration, Refugees and Citizenship Canada.
- One (1) copy of a government-issued photo ID (must be different than the ID used to fulfill the submission above – cannot be a health card).
- Proof of PSW credential provided directly to the Registry by the academic institution that granted the applicant's credential. The document must be one of the following:
 - A final transcript bearing the academic institution's official seal/stamp; or
 - A letter of completion from the Office of the Registrar bearing the institution's seal/stamp and/or letterhead.
- One (1) copy of the National Association of Career Colleges (NACC) certificate if the Applicant graduated from a Private Career College (if applicable).



- Proof of additional certification beyond the applicant's core PSW credential (if applicable), provided directly to the Registry by the academic institution that granted the applicant's certification. The document must be one of the following:
 - A final transcript bearing the academic institution's official seal/stamp; or
 - A letter of completion from the Office of the Registrar bearing the institution's seal/stamp and/or letterhead.
- Original signed and sealed Letter of Standing if the applicant is currently or was previously registered as a member of an unregulated or regulated healthcare body inside or outside of the province. The letter must be sent to the Registry directly by the unregulated or regulated body.
- A copy of the applicant's Certificate of Name Change or equivalent if the name on any of the supporting documentation is different than the legal name used in this application.

Note: you must not send the original copies of your personal identification documents (e.g. passport, driver's license). The Registry is not liable for any original copies of personal identification documents that may be mistakenly sent to the Registry.



Registration Consent Form

Introduction/ Purpose

The Personal Support Worker (“**PSW**”) Registry of Ontario (“**Registry**”), is committed to the protection of personal information and privacy of its applicants and successful registrants (“**Registrants**”). The Registry requires its Registrants to submit personal information in order to carry out its mandate. Information in the possession, custody, and/or control of the Registry will be collected, used, and disclosed in accordance with your *Personal Support Worker Registry of Ontario Registrant Agreement*, Registry policies and procedures, and this *Registration Consent Form*. We will only collect, use or disclose personal information as is reasonably necessary to the administration of the Registry. It is important that you read this consent form carefully.

Informed Consent

Information Collected in the Application

To be eligible for the Registry, you must submit the following documentation. Incomplete applications will be returned to applicants for completion.

- a) Personal Identification
 - a. A copy of proof of ability to legally work in Ontario (**required**); and
 - b. A copy of photo identification (**required**).
- b) Educational history (**Required**: proof of completion will be required in accordance with the [Registration and Renewal Policy](#)).
- c) Employment history
- d) Membership with any other unregulated or regulated healthcare body inside and/or outside of Ontario. If applicable, a Letter of Standing will be required in accordance with the [Registration and Renewal Policy](#).
- e) An attestation, through your application form, to your fitness to practice as a PSW in Ontario and fulfill the obligations outlined in the [Roles and Responsibilities of Personal Support Workers](#) document as defined by the Registry.
- f) An attestation declaring that you have never been convicted of abuse, assault, theft, fraud, sexual offences or any sentence that resulted in more than **six (6) months** of imprisonment.
- g) Details of any additional certifications received beyond the core PSW program. If applicable, proof of completion will be required in accordance with the [Registration and Renewal Policy](#).
- h) Details of interest in employment/additional employment opportunities.
- i) An attestation of the name and address of your employer.
- j) A signed or digitally signed copy of this *Registration Consent Form*.
- k) A signed or digitally signed copy of the *Personal Support Worker Registry of Ontario Registrant Agreement*.



Other Information Collected

- The Registry may collect information about you if you are the subject of a complaint made to the Registry. The Registry will process complaints in accordance with the Registry's [Complaints Policy and Process](#), as amended from time to time.
- The Registry website (www.psw-on.ca) will collect your information in accordance with the Registry's [Web Site Privacy Policy](#).

Disclosure of Personal Information

Registered Employers:

All Registered Employers will be able to access a list of their own employees on the Registry to track and manage the standing of their employees on the Registry. The Registry will share the following information with your Registered Employer:

- Your name;
- Your Registrant ID;
- The date of initial registration;
- Registration status; and
- Date of birth.

The Registry may also share relevant, de-identified information to all Registered Employers on the Employer Portal of the Registry, including:

- Your gender
- Languages spoken and written
- The institution of your graduation from a PSW program
- The name of the PSW program that you graduated from
- The date of graduation from a PSW program
- If you have additional certifications, the following will be shown:
 - The institution of your graduation
 - The program that you graduated from
 - The date of graduation
- If you have ever been employed as a PSW, it will show the following:
 - Position title
 - Area of practice
 - Start date
 - End date



- Employment status
- Number of hours per week
- Duties
- Working preference, including:
 - If you are seeking potential employment
 - The areas you would be interested in working
 - The regions you would like to work within
 - The number of hours per week you can work
- If you consent to Registered Employers contacting you about potential job opportunities.
- Unique Identifier (***This is not the same as your Registrant ID and you cannot be identified by Registered Employers through this identifier. Registered Employers who wish to recruit you will use this identifier to inform Registry staff that they would like to speak to you. In turn, Registry staff will then use this identifier to contact you on behalf of the Registered Employer.***)

The Registry does not guarantee any future or additional employment.

Additional potential disclosures

Additionally, you consent to the Registry collecting, using, and disclosing your personal information where:

- disclosure is necessary to investigate an allegation or complaint;
- at any time, the Registry transfers or assigns any or all of its rights and obligations under this or any other Agreement with you, or to the Registry in whole or in part, to any designated parties (natural person or legal entity);
- necessary to protect the safety of an individual or group of individuals;
- in accordance with Registry Policies, procedures or protocols, which may be amended from time to time; or
- as required by law, regulation or administrative order.

Removal from Registry

Complaints

By applying to the Registry, you understand that if you are terminated by your employer as a result of being found to have engaged in physical abuse, sexual abuse, emotional abuse, verbal abuse or financial abuse (“**Abuse**” as defined by O.Reg.79/10:GENERAL under the *Long-Term Care Homes Act*) against an individual in your care, you will be deregistered from the Registry and your information will be removed from the employer-facing components of the Registry and any future iterations of the Registry where there may be a public-facing component. When you are



deregistered, the Registry will retain your information for a period of **ten (10) years** from the time your registration was granted in accordance with the [Management, Retention, & Disposal of Applicant and Registrant Records Policy](#). If you are removed from the Registry for Abuse, your employer will be updated about your removal and information pertaining to your removal from the Registry for Abuse will be made available to other Registered Employers.

By applying to the Registry, you understand that the outcome of a third-party investigation of a complaint received from the public, clients, employers, or others may lead to a change in your registration status and the removal of your information from the employer-facing components of the Registry and any future iterations of the Registry where there may be a public-facing component. Information regarding a change in your status due to Abuse will be made available to other Registered Employers. The Registry will abide by the [Complaints Policy & Process](#) available on www.psw-on.ca, as may be amended from time to time. When you are a subject of a complaint, you will be notified of the complaint in writing and it will be referred to your employer/third-party organization for handling. Depending on the information received from your employer or a third-party organization, the Registry may remove you from the Registry. Where your status has been changed you will be given the opportunity to appeal the decision of the Registry in accordance with the [Complaints Policy & Process](#).

Additionally, depending on the nature of the complaint, the Registry may have additional reporting obligations, as required by policy and/or the law, including but not limited to the police and regulatory colleges.

Abiding by policies and procedures of the Registry

The Registry reserves the right to remove you from the employer-facing components of the Registry and any future iterations of the Registry where there may be a public-facing component in accordance with its policies and procedures, as may be amended from time to time. It is your responsibility to read and ensure that you are current with the policies of the Registry. Failure to abide by *the Personal Support Worker Registry of Ontario Registrant Agreement* and policies of the Registry may result in you being removed from the employer-facing components of the Registry and any future iterations of the Registry where there may be a public-facing component.

How the Registry will handle your Personal Information

Storage

Your information will be stored on a secure web application. Hard copies of documents submitted to the Registry will be temporarily stored in a locked cabinet in a secure room at the Michener Institute until such time that they are scanned and/or uploaded to the secure web application and then securely destroyed.



Duplication

Where documents are duplicated for any reason, the duplicated document will be deleted from the network system as soon as possible.

Retention

Registrants will have their information stored with the Registry for as long as the Registry remains active. In the event that a Registrant wishes to withdraw this consent, the Registry will deactivate their account and remove them from the employer-facing components of the Registry and any future iterations of the Registry where there may be a public-facing component. Consent may be withdrawn at any time with written notice to the Registry. Registrant information will be stored for **ten (10) years** from the date the written notice was provided to the Registry.

Rejected applications

Applicants not accepted to the Registry will have their information stored for **two (2) years** from the date of rejection from the Registry.

Limited Registration

The Registry may require you to renew your registration from time to time. You will be notified in writing **sixty (60) calendar days** prior to the Annual Registrant Renewal date to renew your registration. It is your responsibility to ensure that your information with the Registry is current so that the information on renewal is received.

The Registry is not a comprehensive registry. Acceptance onto this Registry does not guarantee that you will be accepted to any future Registry. Additionally, it should be understood that any subsequent Registry might require that you resubmit or reapply to be registered in accordance with their policies and procedures. Lastly, rejection by this Registry does not restrict you from applying to any future Registry.

Declarations and Signature

- I hereby consent to the Registry primarily communicating with me using email, understanding that the security of email messages is not guaranteed. Messages sent to, or from, the Registry may be seen by others using the Internet. Email is easy to forge, may be accidentally forwarded, and may exist indefinitely.
- I understand that being a Registrant of the Registry does not guarantee any future or additional employment.



Application Package

- I understand that the Registry will be receiving complaints and will respond to complaints in accordance with applicable legislation and the [Complaints Policy & Process](#) of the Registry, as may be amended from time to time.
- I authorize the Registry to contact my listed Registered Employer(s) and disclose personal information in accordance with applicable legislation and the [Complaints Policy & Process](#) of the Registry, as may be amended from time to time.
- I authorize the Registry to make such inquiries about me as it considers appropriate in connection with this application or in connection with my status as a registrant of the Registry, should my application be successful. I am aware that my registration may be revoked if it is determined that I have, by any omission or commission, given false, misleading or ambiguous information in respect to any question on my *Registration Application Form*.
- I understand that the Registry can alter or revoke my Registry status if my employment is terminated or severed by my employer, or if I fail to practice within the [Roles and Responsibilities of Personal Support Workers](#), violate the [Code of Ethics](#), violate any other policy of the Registry, as may be amended from time to time, or based on a finding made against me by a third-party.

I, _____, have read and agree to have my information used in a manner consistent with this document and the policies and procedures publicly available on the Registry, as may be amended from time to time.

Applicant Signature:

Name (printed): _____

Date _____

Signature: _____