



Kensington Ophthalmic Training Centre Ophthalmic Technician Program

Application Form

Please complete your application and submit to:
Kari Stuart, COMT, CDOS
Program Coordinator of the Kingston-Kensington Ophthalmic
Training Centre Kensington Vision & Research Centre

40 College Street Suite 501
Toronto, Ontario
M5T 3A9
Phone: 416.928.1335 ext. 3433
Fax: 416.928.5075
Email: kstuart@kensingtonhealth.org

KOTC Application Checklist

- Completed and signed application form
- Resume
- Essay

Essay Instructions

Please write a short essay (250-500 words) describing why you want to become an ophthalmic technician.

Application Form - KOTC – OT Program

The KOTC will use the personal information you provide on this application only for admission purposes in determining eligibility for enrolment into the program. For more information, please contact Kari Stuart at the above address.

Surname	First Name	Middle Name
Address		
City	Province	Postal Code
Telephone (primary)	Telephone (alternate)	Email

Education	Name and Location of Institution	Degree / Diploma or Grades Completed
High School		
Post Secondary		
Other		

Employment History		
Last Position: Name and Address of Employer		
Position Held	Duties	Reason for Leaving

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Employment History		
Second Last Position: Name and Address of Employer		
Position Held	Duties	Reason for Leaving

Employment History		
Third Last Position: Name and Address of Employer		
Position Held	Duties	Reason for Leaving

Conditions for acceptance of application

1. I understand that all application received on or before the deadline will be considered to admission to the KOTC.
2. I understand that not all applicants will receive an interview.
3. I understand that I am responsible for travel and lodging costs associate with attending an interview.
4. I understand that candidates must provide 3 references upon request.
5. I understand that all candidates offered a position in the KOTC would be required to have a criminal record check in compliance with Kensington Health policy.
6. I understand that all candidates offered a position in the KOTC would be required to have an occupational health assessment in compliance with Kensington Health policy.
7. I understand that all candidates who accept a position in the KOTC may be required to have a basic eye exam (at no charge).

Declaration

I hereby certify that the information and answers given by me in this application are true and complete in every respect and I understand that any false answers or statements made by me may be grounds for termination of the application process or expulsion from the KOTC.

I also understand that if I am accepted into the KOTC program I will be required to provide personal information including date of birth, SIN, and emergency contact information.

I agree to all of the above conditions.

Name: _____

Signature: _____

Date: _____