



# **Kensington-Kingston 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  
340 College Street Suite 501  
Toronto, Ontario  
M5T 3A9  
Phone: 416.928.1335 ext. 3433  
Fax: 416.928.5075  
Email: [kstuart@kensingtonhealth.org](mailto: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

## APPLICATION FORM - KOTC – OT Program

<b>Employment History</b>		
2 <sup>nd</sup> Last Position: Name and Address of Employer		
Position Held	Duties	Reason for Leaving

<b>Employment History</b>		
3 <sup>rd</sup> 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: \_\_\_\_\_