



# Certified Nurse Aide Training Program Pre-Enrollment Questionnaire

## Demographic Information for Reporting Purposes

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Primary Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Apt # \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about Goodwill's Certified Nurse Aide Training Program? \_\_\_\_\_

\_\_\_\_\_

What training schedule are you interested in? \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## Eligibility Information

Goodwill's Certified Nurse Aide Training Program determines eligibility for training based on:

1. Eligibility to work in long-term care based on a background check and the Michigan Legal Guide
2. Ability to perform the skills associated with caring for others (bathing, toileting, feeding, exercising, checking pulse and blood pressure, etc.) which require the ability to lift 50 pounds repeatedly, stand for long periods of time, stoop, kneel, walk at a fast pace, etc.
3. Ability to attend the full 115 hours of the assigned training

Do you have any concerns about your eligibility for our training? YES NO

## Criminal Background information

Due to the federal and state regulation surrounding individuals who are eligible to work in long-term care, our program is required to screen for criminal backgrounds. Having a background will not necessarily exclude you from training. Exclusions are based on the Michigan Legal Guide which provides the state guidelines for criminal backgrounds based on what the crime was, when it occurred, and the length of sentence. Our program will run a background check as part of the eligibility process.

Have you ever been convicted of a felony or misdemeanor?      YES   NO

If yes, please explain what it was, when it occurred, and what was your sentence.

## Educational Information

Have you earned a high school diploma or GED?      YES   NO

*Answering no will not prevent you from enrolling in our training.*

How would you describe your learning style?

What has helped you be a successful learner in the past?

### C.N.A. Specific Questions

Why are you interested in taking C.N.A Training?

What concerns do you have about being able to perform the skills associated with caring for others (bathing, toileting, feeding, exercising, checking pulse and blood pressure, etc.)?

Do you have any physical limitations that may impact your ability to perform the tasks of a C.N.A. (such as lifting 50 pounds repeatedly, standing for long periods of time, stooping, kneeling, walking at a fast pace, etc.)? *if yes, please explain.*

Have you completed or attempted to complete a C.N.A program with another provider? YES NO  
*If yes, please explain.*

### Employment Information

Are you currently employed? YES NO

Please answer the following questions for your current or most recent employer.

Employer Name: \_\_\_\_\_

Employer Location: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Wage: \$\_\_\_\_\_ Hours per week: \_\_\_\_\_

Reason for Leaving (if applicable): \_\_\_\_\_

Were you offered health benefits through this employer? YES NO

## Other Information

Over the years, we have found that childcare, transportation, and attendance tend to be the three things that prevent students from being successful in our program.

- Do you have a plan for transportation to and from training? YES NO  
Please note, our program does not provide assistance with transportation. You will not receive gas cards, bus passes, etc. from our program.
- Our Training is 115 hours. This includes time spent learning in the classroom and lab settings as well as time spent performing skills during a clinical practicum. Attendance is vital to success in our program and every student is required to complete 115 hours in order to graduate. Do you have concerns about being able to attend every training session? YES NO

## Funding Information

Do you have a plan to pay for training? YES NO

Are you interested in applying for scholarship and funding opportunities? YES NO

How much do you believe you can pay out-of-pocket for training without creating a hardship for you or your family? \_\_\_\_\_

## Community Organizations

Have you received services in the past 12 months from any of the following organizations? *(please circle all that apply)*

West Michigan Works!

Women's Resource Center

Grand Rapids Urban League

United Church Outreach Ministry (UCOM)

Literacy Center of West Michigan

Jubilee Jobs

Hispanic Center of West Michigan

Disability Advocated of Kent County

Michigan Rehabilitation Services

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Participant Criminal Background Check Release

I authorize Goodwill Industries of Greater Grand Rapids to use the following information to perform one or more criminal background checks for employment purposes and/or service provision. Your signature gives us permission to proceed.

The information requested below is what we are required to enter into the system to obtain results.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race:

- American Indian or Alaskan native    Asian or Pacific Islander    Black  
 Other    White

Gender: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Staff Name