

**Continuing Care Assistant Program**

CCA Registry
 2 Dartmouth Road, Bedford, Nova Scotia, B4A 2K7
 Telephone: (902) 832-8500 ext. 282 Toll-free: 1 (866) 265-9900 · Fax: (902) 832-8505
 ccaregistry@healthassociation.ns.ca · www.novascotiacc.ca

CCA REGISTRY REGISTRATION FORM

MEMBER INFORMATION											
Full Name	<table border="1"> <tr> <td style="width: 50%; text-align: center;">Last Name</td> <td style="width: 50%; text-align: center;">First Name</td> </tr> <tr> <td colspan="2" style="text-align: center;">Middle Initial</td> </tr> </table>	Last Name	First Name	Middle Initial							
Last Name	First Name										
Middle Initial											
Address	<table border="1"> <tr> <td style="width: 25%;">Apartment</td> <td style="width: 50%;">Street</td> <td style="width: 25%;">PO Box</td> </tr> <tr> <td>City/Town</td> <td>Province</td> <td>County</td> </tr> <tr> <td colspan="3" style="text-align: right;">Postal Code</td> </tr> </table>	Apartment	Street	PO Box	City/Town	Province	County	Postal Code			
Apartment	Street	PO Box									
City/Town	Province	County									
Postal Code											
Phone	<table border="1"> <tr> <td style="width: 25%;">() -</td> <td style="width: 25%;">() -</td> <td style="width: 25%;">() -</td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">Home</td> <td style="text-align: center;">Cell</td> <td style="text-align: center;">Fax</td> <td></td> </tr> </table>	() -	() -	() -		Home	Cell	Fax			
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Home	Cell	Fax									
Email											
Last Name at Birth	<table border="1"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>										
Date of Birth	<table border="1"> <tr> <td style="width: 5%;">D</td><td style="width: 5%;">D</td><td style="width: 5%;">-</td><td style="width: 5%;">M</td><td style="width: 5%;">M</td><td style="width: 5%;">-</td><td style="width: 5%;">Y</td><td style="width: 5%;">Y</td><td style="width: 5%;">Y</td><td style="width: 5%;">Y</td> </tr> </table>	D	D	-	M	M	-	Y	Y	Y	Y
D	D	-	M	M	-	Y	Y	Y	Y		
Canadian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No										

EDUCATIONAL INFORMATION	
Credential (Please check one)	Courses (Please indicate all courses which you are certified)
<input type="checkbox"/> Certified Continuing Care Assistant (CCA) <input type="checkbox"/> Certified Home Support Worker (HSW) <input type="checkbox"/> Certified Personal Care Worker (PCW) <input type="checkbox"/> NSCC Home Health Provider / Aide (HHP/HHA) <input type="checkbox"/> Conditional Hire [employer letter required] <input type="checkbox"/> On-The-Job-Trained <input type="checkbox"/> Other _____	<input type="checkbox"/> CCNS Palliative Care Front Line Education Program <input type="checkbox"/> Current Standard First Aid / CPR Level "C" <input type="checkbox"/> Food Hygiene Course <input type="checkbox"/> Foundation Pediatrics <input type="checkbox"/> Introduction to Occupational Health & Safety (OH&S) <input type="checkbox"/> Medication Awareness <input type="checkbox"/> LEAP <input type="checkbox"/> ADODCC/Dementia: UTJ <input type="checkbox"/> WHMIS Awareness Course
Please attach a copy of your Provincial Certificate	
Year of Certificate _____	
Last name on Certificate _____	
Language you can safely provide care: (Check all that apply)	
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____	

EMPLOYMENT INFORMATION			
Employment Status			
<input type="checkbox"/> I am currently working as a Certified CCA/counterpart. (If employed as Certified CCA/counterpart, fill out employment information below.) <input type="checkbox"/> Employed but on Leave of Absence (If on leave, fill out employment information below.) <input type="checkbox"/> Not Employed (seeking CCA/counterpart position) * <input type="checkbox"/> Not Employed (not seeking CCA/counterpart position) <input type="checkbox"/> Retired			
Primary Employer			
Name of Primary Employer: (site name)			
Date of Employment: (DD/MMM/YYYY)		Health District of Primary Employer:	
____ / ____ / ____		_____	
		County of Primary Employer:	

Duties Include (Check all that apply)	Position Type	Employer Type	Practice Hours for This Employer Last Year
<input type="checkbox"/> Direct Care provider <input type="checkbox"/> Supervision <input type="checkbox"/> Team Leader <input type="checkbox"/> Mentor <input type="checkbox"/> Recreation <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Other _____	<input type="checkbox"/> Permanent F/T <input type="checkbox"/> Permanent P/T <input type="checkbox"/> Casual <input type="checkbox"/> Temporary F/T <input type="checkbox"/> Temporary P/T	<input type="checkbox"/> Nursing Homes / Homes for the Aged <input type="checkbox"/> Home Care / Home Support <input type="checkbox"/> Acute Care <input type="checkbox"/> Residential Care Facility <input type="checkbox"/> Assisted Living <input type="checkbox"/> Small Options <input type="checkbox"/> Other _____	A typical full-time employment year is 2080 hours (40 hour/week). If you cannot calculate exact hours, please give a realistic estimate of hours worked. <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> hrs
Do you have more than one employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, employer details can be added to your online profile.			

ADDITIONAL INFORMATION	
Are you working the amount of hours desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When do you plan to retire from this role? (Year only)	
This is just an estimate to help with health human resource planning. You will not be held to this date of retirement.	
Indicate your preferred method for receiving occupational related information and Registry information. (Please verify your contact information above.)	Select one: <input type="checkbox"/> E-mail <input type="checkbox"/> Mail

*LOOKING FOR EMPLOYMENT
I am currently looking for employment in _____ area. I give the Registry my consent to provide my contact information to potential employers. _____ (county)
Your initials _____

HOW DID YOU HEAR ABOUT US?

- Employer Educational Provider (CCA Course)
 Newspaper Advertising Existing Member
 TV/Radio Ad Member Name: _____ Membership No.: _____
 Poster/Flyer Other: _____
 Public Workshop

Please review and complete the Consent Form below to complete your registration.

CCA Registry Consent Form

The CCA Registry is a list of all Certified CCAs and their counterparts in Nova Scotia. The Registry will collect, use, and disclose information about you for the following purposes:

- Provide a means to connect with CCAs for the purpose of disseminating information
- Be a depository of CCA demographics of:
 - information provided to the Department of Health and Wellness (DHW) for provincial Human Resource (HR) planning
 - information provided to the District Health Authorities and provider organizations for HR planning
 - data used to identify formal and informal education preparation
 - non-identifying information, which does not connect to your name and does not allow for individual identification
- Provide contact information to potential employers so they may contact you if you are seeking employment in their geographical area

The CCA Registry will collect and use non-identifying information from all registrants. Non-identifying information refers to collective numbers and/or percentages of the information you give the Registry that does not connect to your name and will not allow for individual identification. For example, employers and DHW will be given annual information that reports at an individual employer, district, county or provincial level. For example:

- Age Distribution by % of Registrants (Example: 18% of CCAs in your organization are in the 19-29 age range)
- Registrants by designation (Example: 500 CCA, 80 HSW, 150 PCW, 10 on-the-job trained work in District 1)
- Registrant gender (Example: 82% female, 18% male registrant in the Pictou County)
- Employment status (Example: 63% permanent, 12% part-time, 8% casual, etc. in your organization)
- Employer Type (Example: 60% Nursing Homes/Homes for the Aged, 30% Home Support, 10% acute care in the province)

Personal Information

To provide these services, in addition to non-identifiable information the CCA Registry needs to collect and use certain personal information. In order to do so, Health Association of Nova Scotia, as agent of the DHW, must obtain your written consent to collect, use, and disclose your personal information for identified purposes.

- Only necessary information is collected.
- Information is shared only with consent.
- Storage, retention and, destruction of personal information, as well as privacy protocols comply with the Freedom of Information and Protection of Privacy Act (FOIPOP) and Personal Information International Disclosure Protection Act (PIIDPA).

Who will see my personal information?

Information may be shared with different sources for a variety of purposes. Your personal identifiable information will not be shared unless you give prior consent. On-line registration verification will be open to public access and it is possible for data to be accessed from outside Canada. CCA Registry staff and Softworks staff will not access the data from a location outside Canada. No data will be stored outside Canada. Softworks will not disclose data in the CCA Registry Alinity system except under the direction of CCA Registry staff. The following describes who may be able to access information obtained via the CCA Registry and what information they will have access to with your consent.

You, the **individual registrant**, will be provided with a username and password to access your own personal information online.

The **general public** will be able to go online and verify your CCA registration status.

For example, the CCA Registrant Directory may display:

<u>Name</u>	<u>Credential</u>	<u>Registration Type</u>	<u>Effective</u>	<u>Expiry</u>	<u>Future Registration</u>
Doe, Jane	CCA	Active	01-Nov-2010	31-Oct-2011	*

Your employer will be able to access an annual report of their employees who are in the Registry along with the following personal information: name, date of birth, credential, additional education, language which you are able to safely provide care, date of employment, position type, employment hours, duties, and whether you are working hours desired.

Registry Staff will have access to the information you submit for the purpose of managing the Registry and distributing information to you.

Privacy Policy

The CCA Registry has developed and implemented a Privacy Policy, in accordance with FOIPOP for maintaining the security of your personal information. The CCA Registry Privacy Policy can be accessed online at www.novascotiacca.ca or by contacting the CCA Registry. For more information on FOIPOP visit their website <http://nslegislature.ca/legc/statutes/freedom.htm>.

CONSENT

By signing below, I, _____, (print name), **DECLARE I have read and understand the information regarding collection, use, and disclosure of personal information, and I hereby give consent to have the CCA Registry, as agent of the Department of Health and Wellness, to collect and use my personal information for the purposes stated above. I understand by not signing my registration cannot be processed.**

Registrant Signature

Date

If you have any questions about the collection, uses, or disclosure of personal information, please contact our office at ccaregistry@healthassociation.ns.ca or 1-866-265-9900.