

MONTREAL GENERAL HOSPITAL.

TRAINING SCHOOL FOR NURSES.

FORM OF APPLICATION.

1. Candidate's name in full and address
2. Are you a single woman or a widow ?.....
3. Present occupation or employment

NOTE—Do not say " Living at home."

4. Place and date of birth.....
5. Height and weight.....
6. Where educated ?.....
7. Are you strong and healthy, and have you always been so ?.....
8. Are your eyesight and hearing perfect ?.....
9. Do you ever wear glasses ? If so, for what reason ?.....
10. Have you any tendency to pulmonary complaints ?.....
11. Have you any physical defects ?.....
12. If a widow, have you children ? How many ? How old ? How are they provided for ?
13. Where (if any) was your last situation ? How long were you in it ?
14. Names in full and addresses } Name
of two persons to be referred } Address
to. State how long each has } Has known me years.
known you. If previously } Name
employed, one of these must } Address
be the last employer. } Has known me years.

15. Have you ever been in any Training School ? If so, where ?.....
16. Have you read and do you clearly understand the regulations ?.....

I declare the above statement to be correct.

Date.....

Signed.....