

Please print.

I. PROGRAM

- Dental Office Receptionist
 Nursing Unit Clerk Part-time or Full-time

Preferred start date: _____

II. PERSONAL INFORMATION

Last name (family name)		First name	UFV student number (if known)			
Email address(es)		Date of birth (YYYY, MMM, DD)				
Phone number (with area code)			Alternate phone number (with area code)			

III. EDUCATIONAL INFORMATION

Aside from the previous high school and/or post-secondary experience you have indicated on your *UFV Application for Admission*, please list any other education you have completed (i.e., workshops, seminars, trades, technical courses, etc.).

COURSES, etc.	INSTITUTION	YEAR COMPLETED

IV. Many organizations require students to be cleared by the RCMP before allowing them to perform duties. Therefore, for practicum purposes, are you willing to undergo an RCMP security check?

- Yes No

V. WORK AND/OR VOLUNTEER EXPERIENCE

Attach additional sheet or resume if necessary. Be as comprehensive as possible. Include dates (month and year) and the number of hours per week. Include both program-related and other work experience. Please fill in all information requested.

We may contact your supervisor(s)/referee(s) to discuss your activities.

Name of agency/company		Job title	
Location		Name of supervisor	
Dates of employment FROM:		TO:	Hours per week

Name of agency/company		Job title	
Location		Name of supervisor	
Dates of employment FROM:		TO:	Hours per week

Name of agency/company		Job title	
Location		Name of supervisor	
Dates of employment FROM:		TO:	Hours per week

VI. ENTRANCE REQUIREMENTS

Please submit the following with your application:

- Proof of high school graduation or equivalent
- 30 WPM typing speed
- CPT score of 48 or higher

Note: A successful interview with the instructor(s) is required for entrance to our programs.

I certify that the information provided is correct.	
Applicant's signature	Date