

Please submit this form in addition to a UFV Application for Admission.

A. PREFERRED START DATE

June, 20_____ November, 20_____

B. PERSONAL INFORMATION

Last name (family name)	First name	UFV student number (if known)
Email address		Date of birth (YYYY, MMM, DD)
Phone number (with area code)	Alternate phone number (with area code)	
Emergency contact's name	Emergency contact's phone number (with area code)	
Emergency contact's address		
Do you have any illness or disability to which our early attention may facilitate your participation with the program? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):		

C. 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., courses, seminars, conferences, etc.).

COURSES, etc.	INSTITUTION	COMPLETION DATE

D. WORK AND/OR HEALTH CARE EXPERIENCE

Work experience (if not employed in health care, complete table on following page)

DATES	JOB/TITLE/RESPONSIBILITIES	EMPLOYER

Health care volunteer experience (if not employed in health care)

DATES	JOB/TITLE/RESPONSIBILITIES	EMPLOYER

E. REQUIRED DOCUMENTS (please check ✓)

You will be contacted for an information session and personal interview after we have received the following documents:

DOCUMENT	INCLUDED	TO BE SENT
Proof of academic prerequisites (official* transcript required)	n/a	<input type="checkbox"/>
Letter of reference — work or personal	<input type="checkbox"/>	<input type="checkbox"/>
Letter of reference — volunteer reference from facility (form attached)	n/a	<input type="checkbox"/>
Current Red Cross Standard or St. John’s Standard Enhanced First Aid certificate (photocopy acceptable)	<input type="checkbox"/>	<input type="checkbox"/>

* To be *official*, a transcript must be sent to UFV Admissions directly from the institution attended.

F. YOU AND LONG TERM CARE

Briefly describe the following:

What does being a Health Care Assistant mean to you?

What qualities do you possess that would make you a good Health Care Assistant?

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

To the applicant: Complete this section before forwarding form to the referee.

Your name

Previous surname (if applicable)

To be completed by the referee:

Dates of volunteer experience

Total hours of volunteer work

FROM:

TO:

Please indicate with an **X** your rating of the applicant and provide comments, if applicable.

	Excellent	Average	Poor	Comments
Attendance				
Punctuality				
Takes direction				
Communication with residents				
Communication with staff				

Referee's name

Title

Facility

Phone

Address

City

Postal code

Signature

Date

Please return form directly by mail or fax to:

Health Care Assistant Program

School of Health Sciences

University of the Fraser Valley

45635 Yale Road

Chilliwack, BC V2P 6T4

| Fax: 604-792-0733