

ADDITIONAL APPLICATION

Health Care Assistant Certificate

Please submit this form in addition to a UFV Application for Admission. PREFERRED START DATE Α. ☐ September, 20 ☐ January, 20 В. PERSONAL INFORMATION Last name (family name) UFV student number (if known) First name 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? □ No 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 WORK AND/OR HEALTH CARE EXPERIENCE** D. Work experience (if not employed in health care, complete table on following page) **DATES** JOB/TITLE/RESPONSIBILITIES **EMPLOYER**

High School education (official* transcript required) Post-Secondary education completed (official* transcript required) Letter of reference — work or personal Current Red Cross Standard with CPR-C or Emergency First Aid with CPR-C or CPR-HCP (photocopy acceptable) * To be official, a transcript must be sent to UFV Admissions directly from the institut 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?	DATES	JOB/TITLE/RESPONSIBILITIES	EMPLOYER	
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Health care volunteer experience (if not employed in health care)