QUESTIONNAIRE Early Childhood Education Certificate

Complete this form and submit it to the Office of the Registrar by either email or fax.



Office of the Registrar

604.854.4501 Toll Free: 1.888.823.8734 Fax: 604.853.0138 Email: admissions@ufv.ca

Student's Full Legal Name	
UFV Student Number	Date

1. What are your strengths in relating to young children?

2. What have you found most challenging when working with young children?

3. If you could give children one thing, what would it be?

4. What are your career goals? Why?

Volunteer Experience

Employer	Job Title	Responsibilities	Dates

Work Experience

Employer	Job Title	Responsibilities	Dates

Educational Information

Aside from the previous high school and/or post-secondary education you have indicated on your UFV Application for Admission, please list any other non-academic education you have completed (courses, seminars, conferences, etc).

Course, etc.	Institution	Year completed

References

Name	Relationship	Email address	Phone number