

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

### A. PREFERRED START DATE

September, 20\_\_\_\_\_  January, 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
High School education (official* transcript required)	n/a	<input type="checkbox"/>
Post-Secondary education completed (official* transcript required)	n/a	<input type="checkbox"/>
Letter of reference — work or personal	<input type="checkbox"/>	<input type="checkbox"/>
Current Red Cross Standard with CPR-C or Emergency First Aid with CPR-C or CPR-HCP (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?**

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