

## **SD38 APPLICATION**

## VCC HEALTH CARE DUAL CREDIT PROGRAMS

(Medical Lab Assistant – MLA <u>or</u> Health Care Assistant – HCA)

A Partnership with SD38 Career Programs and Vancouver Community College



### **APPLICATION DUE DATE (\*<u>NO EXCEPTIONS</u>\*)**

Must arrive at the SD38 Career Programs Office by

#### Tuesday, April 9<sup>th</sup>, 2024 @ 3:30 pm

Email completed application package to careerprograms@sd38.bc.ca

OR

#### **Drop off at Cambie Secondary – Career Programs (Learning Services)**

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#### **APPLICANT CRITERIA**

- Students apply in Grade 11 and take during their Grade 12 year. (Not available to International students.)
- Applicant must not have achieved Ministry of Education graduation at the time of program start
- Demonstrated excellent attendance, punctuality, (written/oral) communication and organizational skills
- Keen interest in working with the public and able to work well in stressful situations
- Excellent interpersonal skills
- Shows maturity and is comfortable working with specimens/bodily functions and fluids

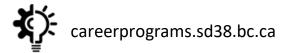
#### **PROGRAM INFORMATION – Read Carefully Before Applying**

- Applicant must read the VCC webpage that describes the program information for which they are applying. In addition, student is strongly advised to research the specific tasks of an MLA or HCA.
- Program tuition is covered by Richmond SD38; student is responsible for VCC fees, textbook etc.

Medical Lab Assistant (MLA) – VCC full-time	Health Care Assistant (HCA) – VCC full-time		
Length: May 2025 – September 2025	Length: September 2024 – April 2025		
Program Length: 6 months (includes 1 month practicum)	Program Length: 8 months (includes clinical and practicum)		
Dual Credits: approx. 5 high school courses (20 credits)	Dual Credits: approx. 7 high school courses (28 credits)		
Admission Requirements: (prior to program start)	Admission Requirements: (prior to program start)		
<ul> <li>On track to meet all Grade 12 grad requirements</li> </ul>	<ul> <li>On track to meet Grade 12 graduation requirements</li> </ul>		
<ul> <li>Language Arts 12 – minimum "B" grade</li> </ul>	<ul> <li>Double COVID vaccinated</li> </ul>		
<ul> <li>Biology 12 – minimum "C" grade</li> </ul>	- BC FoodSafe Level 1		
<ul> <li>Able to pass 5-minute VCC keyboarding test (40 wpm)</li> </ul>	- Standard First Aid and CPR		

Upon acceptance for either program: Criminal Record Check (CRC), TB Screening, Immunization review required





#### **CHECKLISTS for Student**, Parent/Guardian, Counsellor

#### (Check each item when complete. Please do not submit partially completed applications)

	STEP 1 –	Page	Completed and Enclosed	
1.	Applicant Information Page	(Include application date and school year applying for)	3	
2.	Statement of Interest and Intent	(Thoughtfully complete; <b>do rough draft prior to completing</b> the form)	5	
3.	Proficiency Self-Assessment Form		6	
4.	Graduation Plan	(To help with completing this plan, see next page for dual credit codes)	7	
5.	Teacher Reference Form #1	(Ask a teacher, counsellor or administrator to fill out)	9	
6.	Teacher Reference Form #2	(Ask <u>another</u> teacher, counsellor or administrator to fill out)	11	
7.	Fillable VCC Youth Application	(List program applying for on "Other" line)	13-14	
8.	ATTACH Professional Reference L			
9.	ATTACH Up-to-Date Resumé	(Highlight skills or experiences related to your chosen program of study)		

	STEP 2 – PARENT/GUARDIAN PERMISSION AND SUPPORT	Page	Completed
1	. Parent/Guardian fully completes this page	4	

	STEP 3 – CHECKLIST for COUNSELLOR	Page	Completed and Enclosed
1.	ATTACH Most recent Learning Update/Report Card		
2.	ATTACH BC Diploma Verification Report		
3.	ATTACH Up-to-date Attendance Profile		
4.	Indicate Ministry of Ed Special Education Category if Applicable:		
	MoE Code: Code Identification is for: Not Applicable		
5.	IEP MUST be ATTACHED if applicable: 🛛 Not Applicable (if applicable, check box in right column)		

## <u>STUDENT:</u> Submit completed application (with all attachments) to the Career Programs Office (c/o Cambie Secondary – Learning Services)

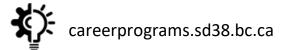
#### Timeline after application is submitted...

- Career Programs sends email acknowledging receipt of application and informing applicant of any missing components.
- INTERVIEWS: Take place at VCC. Date TBD (end of April/early May) (By invitation, based on application)
- If successful with the above, notification of (conditional) acceptance will be sent late May/early June.

## Acceptance is subject to approval. As <u>program seats are limited</u>, completion of application and granting of an interview do NOT guarantee acceptance. \*\*ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.\*\*

#### PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS





## **SD38 APPLICATION – VCC HEALTH CARE PROGRAM**

#### Instructions:

- 1. Complete this Application (tear off top page prior to submission).
- 2. PLEASE PRINT CLEARLY (Applicant MUST be applying in Grade 11 and will start program while in Grade 12.)
- 3. Email to careerprograms@sd38.bc.ca or deliver to Career Programs Cambie Secondary by due date found on first page.

#### **CHECK PROGRAM APPLYING FOR (only one):** (Both are full-time at the VCC Broadway Campus)

Medical Lab Assistant (MLA) – starts May 2025

Health Care Assistant (HCA) – starts September 2024

#### **STUDENT APPLICANT INFORMATION**

Name:		Home School:		Grade:		
	First.		Last			
PEN #:			Birthdate (MM/DD/YYYY):	/	/	Age:
Student E	mail ( <b>print clearly</b> )	):		Stude	nt Cell:	
Mailing Ad	ldress:					
City/Prov:			Postal Code:	Hom	ne Phone:	
Canadian	Citizen: 🗖 YES	🛛 NO	Permanent Resident: 🛛 YES	🛛 NO	Aboriginal: 🛛	YES 🛛 NO
Name of r	eferring Counsello	or:		Grad I	Date (MM/YYYY):	/

#### **APPLICANT STATEMENTS and SIGNATURE**

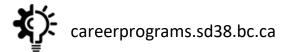
CHECK ALL ONCE READ AND UNDERSTOOD:

- □ The applicant is currently in Grade 11 and is not an International student.
- The applicant understands the program runs full-time at the VCC Broadway Campus and will commit to being available for its duration (start time of day may be as early as 7:00am).
- The program delivery model is face-to-face, with some hybrid possible and includes an unpaid practicum.
- The applicant gives permission for a Criminal Record Check to occur upon acceptance (required for this field).
- The applicant understands that both the course and practicum will expose them to biohazards and if accepted, they will be required to provide proof of immunization via a family doctor's report.
- The program tuition will be covered by Richmond SD38 and student pays for program fees, books etc.
- Upon successful completion, students will earn elective high school + post-secondary course credits.

**Applicant's Signature:** I certify that all statements in this application package are true and complete.

Date: Applicant Signature:





#### FOR PARENT/GUARDIAN COMPLETION:

#### PARENT/GUARDIAN PERMISSION AND SUPPORT

As Parent/Guardian I sup to/understand the followi	, , ,	cation to take the indicated VCC Health Care Program, and agree				
<ul> <li>I support my child's commitment to this full-time program being held at the VCC Broadway Campus</li> <li>I understand that if accepted, my child must agree to a Criminal Record Check with the Ministry of Public Safety ar Solicitor (a legal requirement for anyone working in a health care setting)</li> <li>I am aware that Richmond SD38 pays the cost of tuition for this program; my child is responsible for paying the cost all required program fees, materials, books etc.</li> <li>I agree that the nature of this program requires my child to complete and provide proof of necessary immunization upon acceptance</li> </ul>						
I understand that my chi	ld will be in a class wi	wn transportation to and from the program and practicum sites th adults during this post-secondary program may be provided to the instructor(s) of the applicable post-secondary				
Parent/Guardian Name: _		Relationship:				
	First	Last				
Email:		Cell Phone:				
Date:		Signature:				

Please respond to the following so that the program instructor may best support the applicant, if accepted.

#### **MEDICAL /LEARNING NEEDS INFORMATION**

#### FOR PARENT/GUARDIAN TO COMPLETE:

List ALL medical/special needs information that the program instructor should be aware of or that might affect performance during the program (i.e. has IEP, Learning Support Needs, ADD/ADHD, Diabetes, Epilepsy, Medication, Asthma, Allergies etc.).

- □ No medical/learning needs information to report
- □ If yes, please describe and explain any that may affect performance in this program.

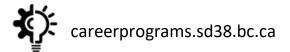
Care Card Number:		Family Doctor:	
 Emergency Contact:			Relationship:
	First.	Last	
Daytime phone (work or h	nome):		Cell Phone:





	STATEMENT OF INTEREST AND INTENT
*	* To only be <b>COMPLETED</b> by hand by the <b>STUDENT APPLICANT.</b> Attach additional pages if needed.**
Ap	oplicant FULL Name: School:
	CHECK PROGRAM FOR WHICH YOU ARE APPLYING:
	Medical Lab Assistant (MLA) – starts May 2025 🛛 Health Care Assistant (HCA) – starts September 2024
1.	What has motivated / interested you to apply for the health care program indicated above?
2.	What work experiences, volunteer activities, and/or courses have you participated in that will support your enjoyment, understanding of and success in this program?
3.	What skills and attributes do you have that will help you to be successful in this program? Explain why they
	will be a benefit to you when working with your classmates, instructor, and the public (practicum).
4.	What are your interests outside of school? (e.g. hobbies, sports, clubs, special talents etc.)
5.	What knowledge do you have of the work someone in this field does?





#### APPLICANT PROFICIENCY SELF-ASSESSMENT FORM SD38 DUAL CREDIT VCC HEALTH CARE

I am interested in applying for this specialized dual credit program. I understand this program is a full-time (full days) commitment during Grade 12 at the VCC Broadway Campus. This self-assessment will assist in determining my suitability and readiness for this program, and for working with the public in a health care setting.

Please indicate **by highlighting or circling** your proficiency for this post-secondary dual-credit program:

	e					
	Proficiency Scale	Emerging	Developing	Proficient	Extending	
CORE COMPETENCIES		I demonstrate an <u>INITIAL</u> understanding of the concepts and competencies.	I demonstrate a <u>PARTIAL</u> understanding of the concepts and competencies.	I demonstrate a <u>COMPLETE</u> understanding of the concepts and competencies.	I demonstrate a <u>SOPHISTICATED</u> understanding of the concepts and competencies.	
Communication		·	·	•	· ·	
<ul> <li>I can understand and share information about a topic in an organized way (e.g. contributed class discussion, take initiative)</li> <li>I work with others to achieve a common got</li> <li>I can represent my learning, and tell how it connects to my experiences and values</li> </ul>		<i>"I am just getting started and learn best with help."</i>	<i>"I am beginning to do more and more on my own."</i>	"I can do it on my own."	<i>"I go beyond what</i> is expected of me.	
<ul> <li>Creative Thinking</li> <li>I generate new ideas or build on other people's ideas, to create new things withi constraints of a form, a problem, or mater</li> <li>I can build on others' ideas, add new ideas my own, or combine other people's ideas create new options or solve problems</li> </ul>	rials s of	<i>"I am just getting started and learn best with help."</i>	"I am beginning to do more and more on my own."	"I can do it on my own."	<i>"I go beyond what is expected of me.</i>	
Critical Thinking						
<ul> <li>I actively listen to others and analyze evid from different perspectives</li> <li>I can ask questions and gather information</li> <li>I can consider more than one way to proc in an investigation or scenario</li> </ul>	n	"I am just getting started and learn best with help."	<i>"I am beginning to do more and more on my own."</i>	"I can do it on my own."	<i>"I go beyond what</i> is expected of me.	
Personal Awareness and Social Responsibility	,					
<ul> <li>I can use strategies that help me manage feelings and emotions</li> <li>I can persevere with challenging tasks</li> <li>I can clarify issues, generate strategies, we consequences, compromise to meet the mof others, and evaluate actions</li> </ul>	eigh	"I am just getting started and learn best with help."	<i>"I am beginning to do more and more on my own."</i>	"I can do it on my own."	<i>"I go beyond what</i> is expected of me.	
Positive Personal and Cultural Identity						
<ul> <li>I can explain what my values are and how affect the choices I make</li> <li>I can understand I will continue to develop new abilities and strengths to help me me new challenges</li> <li>I can reflect on my strengths and identify potential as a leader in my community</li> </ul>	o et	<i>"I am just getting started and learn best with help."</i>	"I am beginning to do more and more on my own."	"I can do it on my own."	<i>"I go beyond what is expected of me.</i>	

Based on my self-assessment I rank my overall proficiency and readiness for this program as (check one):

□ Fully Ready □ Somewhat Ready

□ Could be Ready (with some support)

Additional Comments: \_\_\_\_\_

Student FULL Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

#### **Graduation Plan – DISTRICT CAREER PROGRAM (Dual Credit/Other)**

School District No. 38 (Richmond)

School Year of Program: 20 – 20

LAST NAME: \_\_\_\_\_\_ PEN: \_\_\_\_\_\_

CAREER PROGRAM or COURSE Applied for: \_\_\_\_\_\_ Home School \_\_\_\_\_ Grade: \_\_\_\_\_

• Click/check the box () to indicate courses in progress, completed or yet to take. PRINT the course name/location in spaces provided.

Form is to ensure students will meet minimum graduation requirements by the end of Grade 12. (An audit requirement for Career Pgms) •

CHECK ONE		GRADUATION REQUIREMENTS	0050170	COMPLETION DATE	COURSE LOCATION		
In Progress or Completed	Plan to Take	(Mandatory)	CREDITS	Month/Year (taken/to take)	(School/RVS etc.)		
		Language Arts 10	4	/			
		Social Studies 10	4	/			
		Science 10	4	/			
		Mathematics 10	4	/			
		Physical and Health Education 10	4	/			
		Career Life Education (10 or 11)	4	/			
_			4	/			
		Language Arts 11 Social Studies 11 or 12	4 4	/			
		Science 11 or 12	4	/			
		Mathematics 11 or 12	4	/			
				,			
		Language Arts 12	4	/			
		Career Life Connections (with Capstone)	4	/			
In Progress or Completed	Plan to Take	ARTS EDUCATION and/or ADST Course	CREDITS	Month/Year	COURSE LOCATION		
		10 / 11 or 12	4	/			
In Progress or Completed	Plan to Take	ASSESSMENTS + INDIGENOUS-FOCUSSED COURSE	CREDITS	Month/Year	COURSE LOCATION		
		Numeracy Assessment – Gr 10	-	/			
		Literacy Assessment – Gr 10	-	/			
		Literacy Assessment – Gr 12	-	/			
		Indigenous-Focused Course (if not already listed)	4	/			
		10 /11 /12 (circle)					
In Progress or Completed	Plan to Take	ADDITIONAL (ELECTIVE) COURSES: (3 must be Gr. 12) (circle grade)	CREDITS	Month/Year	COURSE LOCATION		
		12	4	/			
		12	4	/			
		10 / 11 / 12	4	/			
		10 / 11 / 12	4	/			
		10 / 11 / 12	4	/			
		10 / 11 / 12	4	/			
		10 / 11 / 12	4	/			
		10/11/12	4	/			
In Progress or	Plan to	DISTRICT CAREER PROGRAM/COURSE:	CREDITS	Month /Veer			
Completed	Take	(DUAL CREDIT OR OTHER – SEE REVERSE )	CREDITS	Month/Year	COURSE LOCATION		
		Fill in name of Program / Course below (see reverse):					
				/			
				/			
TOTAL GR	TOTAL GRADUATION CREDITS (80 Minimum REQUIRED): Graduation Date:/						
HIGH SCHO	HIGH SCHOOL CREDENTIAL: Dogwood Diploma School Completion Certificate (Evergreen)						
POST SECO	POST SECONDARY PLANS:  College/University Continue Apprenticeship Other (please specify)						

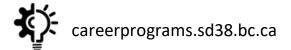
#### I have discussed the completion of my graduation plan with my parent(s)/caregiver(s)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_

District Signature: \_\_\_\_\_





#### Course Codes, Credits and Locations for Dual-Credit (and other) Career Programs

(Updated January 2024) Use this to fill in Graduation Plan sheet.

#### **DUAL CREDIT PROGRAMS – Youth TRAIN in Trades:**

(TRNA = BCIT / TRNJ = KPU / TRNZ = VCC / TRITA = private PSI)

Youth Train in Trades Dual Credit Program & Location	Course Codes	Total Credits
Aircraft Maintenance Engineer – BCIT	TRNA — 2A, 2B, 2C, 2D	16
Auto Collision & Refinishing Common Core – VCC	TRNZ – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Auto Service Technician – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Baking & Pastry Arts – VCC	TRNZ – 2A, 2B, 2C, 2D, 2E	20
Carpentry (Framing / Forming) – BCIT	TRNA — 2A, 2B, 2C, 2D, 2E	20
CNC Machinist – BCIT	TRNA — 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Electrician – BCIT	TRNA — 2A, 2B, 2C, 2D, 2E, 2F	24
Heavy Duty Mechanic – VCC	TRNZ — 2A, 2B, 2C, 2D, 2E, 2F, 2G	28
Joinery – BCIT	TRNA — 2A, 2B, 2C, 2D, 2E, 2F	24
Metal Fabricator – BCIT	TRNA — 2A, 2B, 2C, 2D, 2E	20
Millwright – KPU	TRNJ — 2A, 2B, 2C, 2D, 2E, 2F	24
Painter & Decorator – FTI	TRITA – 2A	4
Plumbing - UAPIC	TRITA – 2A, 2B, 2C, 2D	16
Professional Cook - VCC	TRNZ – 2A, 2B, 2C, 2D	16
Refrigeration & AC Technician – BCIT	TRNA — 2A, 2B, 2C, 2D, 2E, 2F	24
Sheet Metal – BCIT	TRNA — 2A, 2B, 2C, 2D, 2E	20
Welding – KPU	TRNJ — 2A, 2B, 2C, 2D, 2E, 2F	24

#### **DUAL CREDIT PROGRAMS – OTHER:**

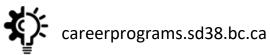
Dual Credit Program / Course & Location	Course Code(s)	<b>Total Credits</b>
KPU Course (Health Science 1115 or single course via LinK38)	PSIJ — 2A	4
STRIVE Course (Kwantlen Polytechnic University)	PSIJ — 2A (Not claimed on 1701)	4
ECE Assistant Certificate (Delta Continuing Ed is location)	ECECD – 2A and 2B (Not claimed on 1701)	8
Medical Lab Assistant (Vancouver Community College)	PHCZ – 2A, 2B, 2C, 2D, 2E	20
Health Care Assistant (Vancouver Community College)	PHCZ – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Auto Trades Sampler (Vancouver Community College)	TSTZ – 2A, 2B, 2C (10 week/ 300 hour program)	12

#### NON-DUAL CREDIT PROGRAMS:

Program Name & Location	Course Code(s)	<b>Total Credits</b>
Manufacturing & Engineering Co-op (MEC)	WEX 12A and MSTX 1A or 2A (Burnett)	8 (4 each)
(Burnett and RVS)	MENR-11 and MWTC-12 (via RVS but at Burnett)	8 (4 each)
Youth Work in Trades	MWRK 1A, 1B, 2A, 2B (ONLY RVS enters)	4 each
(Richmond Virtual School – RVS)	NINNK IA, IB, ZA, ZB ( <u>ONLT KVS EIITEIS</u> )	
Youth Explore Trades Skills	MSTX 0A (gr 10) or 1A (gr 11) or 2A (gr 12)	4
(Location is student's home school)	MSTX 0B (gr 10) or 1B (gr 11) or 2B (gr 12)	4



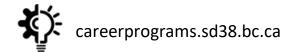




#### TEACHER REFERENCE FORM #1 SD38 DUAL CREDIT VCC HEALTH CARE PROGRAM

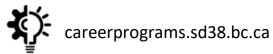
St	udent:					Grade:
Thi rur	Last Name is student has applied for a post- ns full-time during Grade 12 at th s applied to take a rigorous <u>colle</u>	secondary seat in the Ne VCC Broadway Cam	pus. When	n completing,		
Ple	ase check the following attributes a	as:	Emerging	Developing	Proficient	Extending
1.	Demonstrated passion/aptitude for w	orking with the public				
2.	Maturity to work in health care se	tting with the public				
3.	Accuracy / ability to follow instruc	tions				
4.	Enthusiasm and interest					
5.	Adaptable - adjusts to new situation	ons				
6.	Follows through on assigned tasks					
7.	Attendance					
8.	Punctuality					
9.	Shows motivation to learn new skil	ls				
10.	Can work independently					
11.	Has positive attitude towards wor	k				
12.	Accepts constructive criticism					
13.	Makes changes as a result of cons	tructive criticism				
14.	As a candidate for this dual credit	program I would rate th	is student as	s: (circle the mo	st appropriate de	scription)
	1 2 NOT SUITABLE	3 SUITABLE	4		5 EXCEPTIONALLY	
15.	Could this student be counted on			ably in this pos		•
	YES		BLY		NO _	
16.	Do you feel this student has a sinc					
	YES		BLY			
17.	Please <b>PROVIDE COMMENTS</b> that	will aid in the selection	of appropria	te candidates	(do not leave bla	ank).
	Teacher Evaluation Completed by:					
	Print Name:					
	Subject Area(s):		_ Yea	rs Known Stud	ent:	





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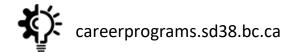




#### TEACHER REFERENCE FORM #2 SD38 DUAL CREDIT VCC HEALTH CARE PROGRAM

Stı	udent:					Grade:
Thi run	Last Name s student has applied for a post-s is full-time during Grade 12 at the s applied to take a rigorous <u>colleg</u>	econdary seat in the _ • VCC Broadway Camp	ous. Whe	First Name		
Plea	ase check the following attributes as	: E	merging	Developing	Proficient	Extending
1.	Demonstrated passion/aptitude for wo	rking with the public				
2.	Maturity to work in health care sett	ing with the public				
3.	Accuracy / ability to follow instructi	ons				
4.	Enthusiasm and interest					
5.	Adaptable - adjusts to new situation	าร				
6.	Follows through on assigned tasks					
7.	Attendance					
8.	Punctuality					
9.	Shows motivation to learn new skills					
10.	Can work independently					
11.	Has positive attitude towards work					
12.	Accepts constructive criticism					
13.	Makes changes as a result of constr	uctive criticism				
14.	As a candidate for this dual credit p	rogram I would rate this	s student a	s: (circle the most	appropriate de	scription)
	1 2 NOT SUITABLE	3 SUITABLE	4		5 (CEPTIONALLY	
15.	Could this student be counted on to			ably in this post		-
	YES		3LY		NO _	
16.	Do you feel this student has a since					
	YES		3LY	•	_	
17. 	Please <b>PROVIDE COMMENTS</b> that w	vill aid in the selection o		ite candidates (c	lo not leave bl	ank). 
	Teacher Evaluation Completed by:					
	Print Name:			:		
	Subject Area(s):		_ Yea	rs Known Stude	nt:	





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### Youth Train in Trades **Application Form**

start to completion of an apprenticeship program.

Previously, ACE-IT (Accelerated Credit Enrolment in Industry Training) is a government-

funded program for high school students providing both high-school credits and head

Downtown campus 250 West Pender Vancouver, B.C. V6B 1S9 Broadway campus

1155 East Broadway Vancouver, B.C. V5T 4V5

**p**: 604.871.7000 **f**: 604.871.7100 e: youthintrades@vcc.ca

www.vcc.ca

1. Personal information	
I already have a VCC student number: 🗖 Yes 🗖 No	If yes, please enter your number:
Last name (family name)	First name
Address	
City	Province Postal code
Phone	Email
2. Citizenship	
Gender: 🗖 Female 🗖 Male 🗖 Other	Are you a Canadian citizen? 🗖 Yes 🗖 No
Birthdate (DD/MM/YYYY)	Birth country
Citizenship country	Native language
Your status and citizenship/visa or Permanent Resident identification number	
3. Indigenous Students	
Do you identify yourself as a Canadian Indigenous person? 🗖 Yes 🗖 No If yes, select one or more option that best describes your Indigenous identity:	🗖 First Nations (Status or non-Status) 🛛 Métis 🗖 Inuit 🗖 Indigenous
Your Nation:	Please contact me regarding Aboriginal student support and services
4. Emergency Contact Information	
Name	Relationship to you
Email	Phone
5. Declaration (mandatory)	
<ol> <li>I understand that submission of this application does not guarantee admiss entrance requirements and space availability.</li> <li>I agree to abide by the rules and regulations of VCC as published on the VC registered and any changes which may be made while I am a student at VCC.</li> <li>I certify that the information I have provided in this application is complete documents or information submitted will result in immediate cancellation or 4. I have read and understand the VCC Protection of Privacy disclaimer on the 5. I understand that VCC will be sending communications in electronic format</li> </ol>	C website, and those of the department and program in which I shall be and accurate and may be verified by VCC. I understand that falsifying any f my admission or registration at VCC. back of this form.
Signatura	

#### 6. Program information

I am applying for admission to:

- Auto Collision and Refinishing Foundation
- Auto Collision and Refinishing Foundation- High School on-site
- Auto Collision and Refinishing- High School Flex learning
- Auto Service Tech Level 1 Foundation
- Auto Service Tech Level 1 Britannia Secondary School

Preferred start date (subject to waitlist):

#### 7. Educational history

BC examination or PEN number (Personal Education Number) if known:.....

Last high school attended	City	Province	Last date attended (MM/YY)	Highest grade completed (10, 11, 12)

Baking Foundation

Professional Cook

Hairstylist Foundation – On-site

Heavy Mechanical Trades Foundation

Hairstylist Foundation – Off-site High School Learning (Maple Ridge)

Other \_\_\_\_\_\_

#### 8. Support for students with disabilities

Do you require additional support services due to a disability or medical condition? (optional) 🛛 Yes 🗖 No 🗖 Not specifie	Do	you rec	uire additional	l support serv	vices due to a	a disability	or medical	condition? (c	optional)	🗖 Yes	🗖 No	Not specifie
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To support you during your studies at VCC, please contact Disability Services by phone at **604.871.7000**, **option 2**, by email at **disabilityservices@vcc.ca**, in person at the Student Development Reception at either campuses to arrange an intake appointment. Please visit **http://www.vcc.ca/disabilities** for more Information.

#### 9. Protection of privacy

Vancouver Community College (VCC) collects and retains student personal information under the authority of the College and Institute Act. The information will be used to admit, register and graduate students, record academic achievement, issue library cards, administer and operate academic, alumni and other College programs and other purposes consistent with the mandate of the College. Information on admission, registration and academic achievement may also be disclosed and used for statistical and research purposes by the College, other post secondary educational institutions, the Industry Training Authority and the provincial government. Personal information provided for admission and registration and any other information placed into the student record will be collected, protected, used, disclosed and retained in compliance with British Columbia's Freedom of Information and Protection of Privacy Act (R.S.B.C. 1996, c. 165). In addition to collecting personal information for its own purposes the College collects specific and limited personal information on behalf of the Students' Union of Vancouver Community College (SUVCC). The SUVCC uses this information for the purpose of student elections and the Student Health and Dental Plan. Please contact the SUVCC office if you have any questions about its collection, use and disclosure of the information. If you have any questions about the collection, use and disclosure of your personal information by VCC, please contact the Registrar's Office, Vancouver Community College, 1155 East Broadway, Vancouver, B.C. V5T 4V5; 604.871.7000, option 4.

#### 10. Consent to release personal information to your school district (mandatory)

I agree, by signing this form, to allow my school district to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC. This authorization is valid for two years from the date of signing.

School District

Signature

#### 11. Consent to release personal information (optional)

I agree, by signing this form, to allow another person, family member, employer or agency to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC. This authorization is valid for two years from the date of signing.

Name/Organization

Relationship to you

Date

Signature

#### 12. Consent to invoice (completed by school district)

Vancouver Community College is to invoice the school district for program fees as outlined in the Memorandum of Agreement (MOU) and Industry Training Authority Technical Training Partnership form (ITA TTP). Students may also be required to purchase supplies such as textbooks, kits and personal protection equipment. For book lists, kits, etc. check the bookstore at **vcc.ca/bookstore**. Some equipment may be purchased elsewhere.