



SD38 APPLICATION

VCC HEALTH CARE DUAL CREDIT PROGRAMS

(Medical Lab Assistant – MLA or Health Care Assistant – HCA)

*A Partnership with SD38 Career Programs
and Vancouver Community College*



APPLICATION DUE DATE (*NO EXCEPTIONS*)

Must arrive at the SD38 Career Programs Office by

Tuesday, April 8th, 2025 @ 3:30 pm

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

OR

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

APPLICANT CRITERIA

- Students apply in Grade 11 and take during their Grade 12 year.
(Must be Canadian Citizen or have Permanent Residency. 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.

<u>Medical Lab Assistant (MLA) – VCC full-time</u>	<u>Health Care Assistant (HCA) – VCC full-time</u>
Length: May – September Program Length: 6 months (includes 1 month practicum) Dual Credits: approx. 5 high school courses (20 credits) Admission Requirements: (prior to program start) <ul style="list-style-type: none"> - On track to meet all Grade 12 grad requirements - Language Arts 12 – minimum “B” grade - Biology 12 – minimum “C” grade - Able to pass 5-minute VCC keyboarding test (40 wpm) 	Length: September – April Program Length: 8 months (includes clinical and practicum) Dual Credits: approx. 7-8 high school courses (28-32 credits) Admission Requirements: (prior to program start) <ul style="list-style-type: none"> - On track to meet Grade 12 graduation requirements - Double COVID vaccinated - BC FoodSafe Level 1 - 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 – APPLICATION CHECKLIST for STUDENT			Page	Completed and Enclosed
1.	Applicant Information Page	<i>(Include application date and school year applying for)</i>	3	<input type="checkbox"/>
2.	Statement of Interest and Intent	<i>(Thoughtfully complete; do rough draft prior to completing the form)</i>	5	<input type="checkbox"/>
3.	Proficiency Self-Assessment Form		6	<input type="checkbox"/>
4.	Teacher Reference Form #1	<i>(Ask a teacher, counsellor or administrator to fill out)</i>	7	<input type="checkbox"/>
5.	Teacher Reference Form #2	<i>(Ask another teacher, counsellor or administrator to fill out)</i>	9	<input type="checkbox"/>
6.	Fillable VCC Youth Application	<i>(List program applying for on “Other” line)</i>	11-12	<input type="checkbox"/>
7.	ATTACH Professional Reference Letter	<i>(NOT same person as #6 and #7; can use employer, coach, other teacher)</i>	---	<input type="checkbox"/>
8.	ATTACH Up-to-Date Resumé	<i>(Highlight skills or experiences related to your chosen program of study)</i>	---	<input type="checkbox"/>

STEP 2 – PARENT/GUARDIAN PERMISSION AND SUPPORT			Page	Completed
1.	Parent/Guardian fully completes this page		4	<input type="checkbox"/>

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

STUDENT: 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 program seats are limited, 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 2026 Health Care Assistant (HCA) – starts September 2025

STUDENT APPLICANT INFORMATION

Name: _____ Home School: _____ Grade: _____
First. Last

PEN #: _____ Birthdate (MM/DD/YYYY): ____ / ____ / ____ Age: _____

Student Email (**print clearly**): _____ Student Cell: _____

Mailing Address: _____

City/Prov: _____ Postal Code: _____ Home Phone: _____

Canadian Citizen: YES NO Permanent Resident: YES NO Aboriginal: YES NO

Name of referring Counsellor: _____ Grad 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 may 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 support my child's application to take the indicated VCC Health Care Program, and agree to/understand the following:

- I support my child's commitment to this full-time program being held at the VCC Broadway Campus
- I understand that if accepted, my child must agree to a Criminal Record Check with the Ministry of Public Safety and Solicitor (a legal requirement for anyone working in a health care setting)
- I am aware that Richmond SD38 pays the cost of tuition for this program; my child is responsible for paying the cost of all required program fees, materials, books etc.
- I agree that the nature of this program requires my child to complete and provide proof of necessary immunizations upon acceptance
- I am aware that my child must arrange their own transportation to and from the program and practicum sites
- I understand that my child will be in a class with adults during this post-secondary program
- I agree that the information contained herein may be provided to the instructor(s) of the applicable post-secondary program and institution

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: _____ Phone: _____

Emergency Contact: _____ Relationship: _____
First. Last

Daytime phone (work or home): _____ Cell Phone: _____



STATEMENT OF INTEREST AND INTENT

** To only be **COMPLETED** by hand by the **STUDENT APPLICANT**. Attach additional pages if needed.**

Applicant FULL Name: _____ **School:** _____

CHECK PROGRAM FOR WHICH YOU ARE APPLYING:

- Medical Lab Assistant (MLA) – starts May 2026 Health Care Assistant (HCA) – starts September 2025

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:

CORE COMPETENCIES	Proficiency Scale				
		Emerging	Developing	Proficient	Extending
		I demonstrate an INITIAL understanding of the concepts and competencies.	I demonstrate a PARTIAL understanding of the concepts and competencies.	I demonstrate a COMPLETE understanding of the concepts and competencies.	I demonstrate a SOPHISTICATED understanding of the concepts and competencies.
Communication <ul style="list-style-type: none"> I can understand and share information about a topic in an organized way (e.g. contribute to class discussion, take initiative) I work with others to achieve a common goal I can represent my learning, and tell how it connects to my experiences and values 		<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>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>
Creative Thinking <ul style="list-style-type: none"> I generate new ideas or build on other people's ideas, to create new things within the constraints of a form, a problem, or materials I can build on others' ideas, add new ideas of my own, or combine other people's ideas to create new options or solve problems 		<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>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>
Critical Thinking <ul style="list-style-type: none"> I actively listen to others and analyze evidence from different perspectives I can ask questions and gather information I can consider more than one way to proceed in an investigation or scenario 		<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>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>
Personal Awareness and Social Responsibility <ul style="list-style-type: none"> I can use strategies that help me manage my feelings and emotions I can persevere with challenging tasks I can clarify issues, generate strategies, weigh consequences, compromise to meet the needs of others, and evaluate actions 		<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>"I can do it on my own."</i>	<i>"I go beyond what is expected of me."</i>
Positive Personal and Cultural Identity <ul style="list-style-type: none"> I can explain what my values are and how they affect the choices I make I can understand I will continue to develop new abilities and strengths to help me meet new challenges I can reflect on my strengths and identify my potential as a leader in my community 		<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>"I can do it on my own."</i>	<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: _____



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

Student: _____ Grade: _____
Last Name First Name

This student has applied for a post-secondary seat in the _____ Program that runs full-time during Grade 12 at the VCC Broadway Campus. When completing, bear in mind that this student has applied to take a rigorous college-level program that includes a practicum in a health care setting.

Please check the following attributes as:	Emerging	Developing	Proficient	Extending
1. Demonstrated passion/aptitude for working with the public	_____	_____	_____	_____
2. Maturity to work in health care setting with the public	_____	_____	_____	_____
3. Accuracy / ability to follow instructions	_____	_____	_____	_____
4. Enthusiasm and interest	_____	_____	_____	_____
5. Adaptable - adjusts to new situations	_____	_____	_____	_____
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 constructive criticism	_____	_____	_____	_____

14. As a candidate for this dual credit program I would rate this student as: (circle the most appropriate description)

1	2	3	4	5
NOT SUITABLE		SUITABLE		EXCEPTIONALLY SUITABLE

15. Could this student be counted on to represent Richmond SD38 favourably in this post-secondary program?

YES _____ POSSIBLY _____ NO _____

16. Do you feel this student has a sincere interest in this District Dual Credit program?

YES _____ POSSIBLY _____ NO _____

17. Please **PROVIDE COMMENTS** that will aid in the selection of appropriate candidates (do not leave blank).

Teacher Evaluation Completed by:

Print Name: _____ Signature: _____

Subject Area(s): _____ Years Known Student: _____



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

Student: _____ Grade: _____
Last Name First Name

This student has applied for a post-secondary seat in the _____ Program that runs full-time during Grade 12 at the VCC Broadway Campus. When completing, bear in mind that this student has applied to take a rigorous college-level program that includes a practicum in a health care setting.

Please check the following attributes as:	Emerging	Developing	Proficient	Extending
1. Demonstrated passion/aptitude for working with the public	_____	_____	_____	_____
2. Maturity to work in health care setting with the public	_____	_____	_____	_____
3. Accuracy / ability to follow instructions	_____	_____	_____	_____
4. Enthusiasm and interest	_____	_____	_____	_____
5. Adaptable - adjusts to new situations	_____	_____	_____	_____
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 constructive criticism	_____	_____	_____	_____

14. As a candidate for this dual credit program I would rate this student as: (circle the most appropriate description)

1	2	3	4	5
NOT SUITABLE		SUITABLE		EXCEPTIONALLY SUITABLE

15. Could this student be counted on to represent Richmond SD38 favourably in this post-secondary program?

YES _____ POSSIBLY _____ NO _____

16. Do you feel this student has a sincere interest in this District Dual Credit program?

YES _____ POSSIBLY _____ NO _____

17. Please **PROVIDE COMMENTS** that will aid in the selection of appropriate candidates (do not leave blank).

Teacher Evaluation Completed by:

Print Name: _____ Signature: _____

Subject Area(s): _____ Years Known Student: _____



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Youth Train in Trades Application Form

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: youthintradetrades@vcc.ca

www.vcc.ca

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 start to completion of an apprenticeship program.

1. Personal information

I already have a VCC student number: Yes No If yes, please enter your number:

--	--	--	--	--	--	--	--	--	--

 Student ID

..... 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 Issue date (DD/MM/YY) Expiry date (DD/MM/YY)

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)

1. I understand that submission of this application does not guarantee admission to a program or course, and that admission is subject to meeting VCC's entrance requirements and space availability.
2. I agree to abide by the rules and regulations of VCC as published on the VCC website, and those of the department and program in which I shall be registered and any changes which may be made while I am a student at VCC.
3. I certify that the information I have provided in this application is complete and accurate and may be verified by VCC. I understand that falsifying any documents or information submitted will result in immediate cancellation of my admission or registration at VCC.
4. I have read and understand the VCC Protection of Privacy disclaimer on the back of this form.
5. I understand that VCC will be sending communications in electronic format to my email.

..... Signature Date

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

- Baking Foundation
- Hairstylist Foundation – On-site
- Hairstylist Foundation – Off-site High School Learning (Maple Ridge)
- Heavy Mechanical Trades Foundation
- Professional Cook
- Other

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)

8. Support for students with disabilities

Do you require additional support services due to a disability or medical condition? (optional) Yes No Not specified

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.

.....
School District

.....
Signature