ADDITIONAL APPLICATI Health Care Assistant Certificate

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

A. PREFERRED START DATE

Health care volunteeexperience(if not employed in health care)

DATES	JOB/TITLE/RESPONSIBILITIES	EMPLOYER

E. REQUIRED DOCUMENT Se check)

You will be contacted for aimformation session and personal interview after we have received the following documents:

DOCUMENT	INCLUDED	TO BE SENT
High School education (official* transcript required)	n/a	
Post-Secondary education completed (official* transcript required)	n/a	
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 transcriptmust 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 @assistant?

I certify that the information provided is correct.

Applicant's signature