

School of Health and Human Services Health Care Assistant Program Application Package

We are pleased you are interested in the Health Care Assistant (HCA) Program. The HCA Program is recognized by the BC Care Aide & Community Health Worker Registry. The program is designed to provide students with opportunities to develop the knowledge, skills, and attitudes necessary to function effectively as front-line caregivers, and respected members of the health care team. Graduates are prepared to work in a wide variety of public and private settings including home support, assisted living, complex care, and special care units. Graduates work under the direction and supervision of a health care professional and provide person-centred care aimed at promoting and maintaining the physical, emotional, cognitive, and social well-being of clients and residents.

The HCA program is 26 weeks in total. During the first 16 weeks, students complete theory and lab courses during face-to-face classes on the Trail campus and online, followed by completion of 270 hours of practice in residential and community care settings during the final ten weeks of the program.

Enclosed in this package is detailed information regarding admission requirements, steps of the application process, and documents that need to be completed and submitted to your application file for acceptance to the program.

Academic admission requirements include:

- A minimum grade of C+ in English 10 or equivalent

For non-native speakers of English, one of the following standardized English language proficiency test scores:

- TOEFL: Overall score of 76 with no score lower than 20 in Speaking and Listening and no score lower than 18 in Reading and Writing
- IELTS: Overall score of 6 with a minimum of 6 in Speaking and Listening and no score lower than 5.5 in Reading and Writing
- CLB PT: Score of 7 in Listening and Speaking & score of 6 in Reading and Writing
- CELPIP: Aggregate score of 4L or better with 4L or better in Speaking and Listening, 3H or better in Reading and Writing

Please contact the Enrolment Officer should you have any questions regarding your application or completing your application file. The toll free number is 1.888.953.1133, ext. 21233.

We wish you well as you move ahead with a new career goal and look forward to working with you!

Sincerely,

Tammie Clarke, RN, BN, MA,
GNC(c), CCNE, School Chair
School of Health and Human Services

This document provides detailed information on the application process. You are encouraged to complete your application file early; fully qualified applicants are accepted in the order their application files are completed.

1. Submit an Online Application and Payment
 - Go to <http://selkirk.ca/apply>
 - On the left side of the page, click on Step 3 “Fill in Application”.
 - Click on “Education Planner BC” and complete forms as prompted.
2. You will receive an **acknowledgement letter** with an assigned student number and instructions for completing your application file.
 - It is important to include your full name, student number, and name of program on all documents submitted to Admissions for your application.
3. The following admission requirements must be submitted by mail, email, or fax to:

Selkirk College Admissions
301 Frank Beinder Way
Castlegar BC, V1N 4L3

Email: admissions@selkirk.ca


Official transcripts from high school and all post-secondary institutions attended (mailed directly from the Ministry of Education and educational institutions). For applicants who completed high school in BC you can order transcripts at: <http://www2.gov.bc.ca/gov/topic.page?id=040EB8CF78CF4F2090D9C6FFF6F3CDA0>

- English Language Competency Self-Declaration Form
 - Official Results of English Proficiency Test (if applicable)
 - Criminal Record Check (CRC) from the Ministry of Justice
 - Immunization Record
 - Three (3) Personal Reference Forms completed and submitted directly to the Admission Office by people such as teachers, employers, or others who are familiar with your abilities, work habits, and personal qualities. References from family members and friends are not acceptable.
 - Applicant Information Questionnaire
 - Standard First Aid with CPR (C)
 - Foodsafe Certificate (available online at www.foodsafe.ca)
4. When all required documents are received and pre-requisites have been met, your application file will be reviewed. If qualified, you will receive an **acceptance letter** for the next available program intake and instructions to pay a seat deposit to secure a seat.

4. Are you currently enrolled in an educational program or course? YES NO

If yes:

Course	Educational Institution	Anticipated Completion Date


Continued next page 

Life Experiences

Please outline any of your life experiences, including employment or volunteer work, which may have relevance to your application. (Use a separate page, if necessary.)

Signature

Date

 **Please return this form to:** Admissions Office
Selkirk College
301 Frank Beinder Way
Castlegar BC V1N 4L3
admissions@selkirk.ca

English Language Competency Self-Declaration Form

All applicants are asked to review and confirm the information in this document as part of their admission to a recognized British Columbia Health Care Assistant Program. This form will be kept in the student file and may be supplied to the Registry upon request.

Applicant Name: _____ Date: _____

I. Check the statement that applies to you:

- I have been educated in an English-speaking environment (a country with English language systems / institutions*) for a minimum of seven years.
- I have been educated in an English-speaking environment (a country with English language systems / institutions*) for four consecutive years at the secondary or post-secondary level.
- I have been educated in an English-speaking environment (a country with English language systems / institutions*) for less than seven years.
- I have **not** been educated in an English speaking environment (a country with English language systems / institutions*)

***Countries with English language systems / institutions (where English is a primary, official language and the language used for education)**

American Samoa	Dominica	Mauritius	Uganda
Anguilla	Falkland Islands	Montserrat	United Kingdom (England, Scotland, Wales and Northern Ireland)
Antigua	Fiji	New Zealand	United States of America (USA)
Australia	Ghana	Seychelles	US Virgin Islands
Bahamas	Grenada	Singapore	
Barbados	Guam	South Africa	
Belize	Guyana	St. Kitts and Nevis	
Bermuda	Irish Republic	St. Lucia	
British Virgin Islands	Jamaica	St. Vincent	
Cayman Island	Kenya	Trinidad and Tobago	
Canada*	Malta	Turks and Caico Islands	

*Applicants educated in Quebec at an institution where the language of instruction was not English, must provide evidence of external English language proficiency testing.

2. Use the table below to enter your education as indicated above.

Years	School, location
Example: 1980-1988 1988-2002 2002-2004	Example: ABC Elementary School, BC, Canada XYZ High School, BC, Canada Best College, BC, Canada

3. Applicant Declaration

I, _____ (name of applicant), declare the above to be true.

Date: _____

For Office Use

Evidence Required from Applicant:

Transcript(s) to evidence stated years of education in a country with English language systems / institutions.

English Language Proficiency test score

Applicant's Name: _____

The above-named is applying for entry to the Health Care Assistant Program at Selkirk College, and is requesting your assistance by providing a personal reference. Please be aware that completion of the applicant's file is dependent on receipt of all documents. Thank-you for responding to the items below at your earliest convenience:

1. Does this person demonstrate a respect for and an ability to relate effectively to people?

 YES NO UNABLE TO COMMENT

2. Does this person demonstrate effective work habits?

 YES NO UNABLE TO COMMENT

3. Does this person demonstrate effective problem-solving skills?

 YES NO UNABLE TO COMMENT

4. In your experience, has this person been responsible and reliable?

 YES NO UNABLE TO COMMENT

5. To the best of your knowledge, is this person honest and trustworthy?

 YES NO UNABLE TO COMMENT

6. Does this person respond effectively to pressure situations?

 YES NO UNABLE TO COMMENT

7. Does this person respond constructively to feedback?

 YES NO UNABLE TO COMMENT

8. Please add any comments which you feel may be of assistance in the selection process. Use a separate page if necessary.

9. How long have you known this applicant?

_____MONTHS_____YEARS

10. In what capacity have you known this applicant?

Name: *(please print)*

Position: _____

Address: _____

Phone: _____

Signature: _____

📧 **Please return this form to:** Admissions Office
Selkirk College
301 Frank Beinder Way
Castlegar BC V1N 4L3
admissions@selkirk.ca



School of Health and Human Services
Criminal Record Check

You are receiving this letter, because you need to obtain the Criminal Record Check from the Ministry of Justice. Please do not go to your local police station as we no longer accept Criminal Record Checks from the RCMP for this program.

This letter is to inform you about the Health and Human Services Criminal Record Check process. The Criminal Records Review Program is part of the Ministry of Justice. The program is responsible for processing criminal record checks under the Criminal Records Review Act. Criminal record checks are done to protect the most vulnerable people in our society from and physical, social, economic or sexual abuse. This new Criminal Record Check is more extensive, increasing public safety and confidence in our institutions, while providing a professional and efficient administrative process. Every post-secondary institution in British Columbia has been requested to have their students in a Health and Human Services Program complete this check. The Criminal Record Check is good for five years while at Selkirk College.

New Online Service! See website for more information: <https://justice.gov.bc.ca/eCRC/>

Enter the Access Code for Selkirk College **ZWN7NCEP5C**

By selecting **NEXT** you are agreeing/consenting to a Criminal Record Check for Selkirk College.

The following students are not eligible to apply online and MUST complete a paper application:

- People under 19 years of age
- People who have lived in Canada less than 2 years

If you would prefer, or are required, to fill out the paper application please contact Rachel Walker at admissions@selkirk.ca; she will forward the required form.

1. Please print off the form and:

- Fill in box **Schedule Type "B"**
- Make sure to mark the box **WORKS WITH: "children and vulnerable adults"**
- Fill out the applicant information within **Part 1: APPLICANT INFORMATION**
- Fill out the **Organization Type** in **SECTION C** by marking the box: **"College"**

2. Photocopy two pieces of your personal identification. One piece of ID must be government issued (Driver license preferred) and displays applicant's name, date of birth, signature and photo. Please put DL# on the consent form if DL is provided for ID.

3. **Please fill in your email address so the Ministry can email you payment options.** Please note payment is \$28.

4. Mail in or drop off the above documents (application for Criminal Record Check, photocopies of personal ID) to:

Rachel Walker – Admissions Officer
Selkirk College
301 Frank Beinder Way
Castlegar BC V1N 4L3

Note: After verifying your identity, I will mail your Criminal Record Check to the Ministry of Justice. It will take about 4-6 weeks for it to be processed. Your Criminal Record Check will be sent to my work email admissions@selkirk.ca.

Read the full Criminal Records Review Act for specific information such as definitions, the use of information, the effects of finding an individual is a risk or fines that may be imposed for failure to comply with the act. (Note, this electronic version of the act is being updated and may not contain the recent changes.)

YOU MUST fulfill all the above steps and mail the documents to Selkirk College.

****The Record Check will be sent directly to the College. You will only be contacted by the Governor General if there is a relevant offence found.**

Sincerely,

Rachel Walker
Enrolment Officer

Instructions to the Public Health Nurse or Travel Clinic Nurse

Please complete the attached immunization record. All sections must be filled out with dates and signatures in order for the form to be accepted. Ensure the applicant receives all necessary booster shots and testing.

Immunization Requirements and General Information

1. This information pertains to applicants in the following programs: Nursing Unit Clerk, Pharmacy Technician, Bachelor of Science in Nursing, Health Care Assistant, and Post Graduate Diploma in Gerontological Nursing.
2. All immunizations, with the exception of TB testing can be done for free at any Public Health Unit, but you must make an appointment. You can also have them done at a Travel Clinic, but you will pay a consulting fee.
3. Diphtheria, Pertussis, Tetanus: Primary series, and reinforcing immunization for Diphtheria and Tetanus if more than 10 years have elapsed since previous immunization; reinforcing dose for Pertussis is required in adulthood.
4. Poliomyelitis: Primary immunization with IPV (if no previous course of OPV or IPV), and reinforcing immunization if more than 10 years have elapsed since previous immunization. It is required to have a single booster dose if more than 10 years has passed since your primary series.
5. Rubeola (Measles): two doses of live, attenuated vaccine, if born after 1957 or serological test indicating immunity.
6. Rubella (German measles): one dose live, attenuated vaccine, if born after 1957 or serological test indicating immunity.
7. Mumps: one dose of vaccine if born between 1957 to 1969, or two doses if born after 1969 or serological test indicating immunity.
8. T.B. Testing: *(after acceptance to program and within 6 mos prior to entering practice area)*
 - a. Tuberculin Test: 5 TU of PPD, read in 48-72 hours, unless individual is a positive reactor. (Cost 40.00) **Must** be done at Travel Clinic.
 - b. Chest X-ray: if positive reaction.
9. Hepatitis B: Complete a two or three dose series.
10. Varicella (Chickenpox): This vaccine is only administered to those individuals who have not had the disease, if the applicant has no history of chicken pox or is unsure. Alternatively, he or she can arrange to have a blood titre for antibodies done through his or her physician. If negative, he or she will require the vaccine, which is two doses, administered 4 – 8 weeks apart.
11. Meningococcal C: 1 dose of vaccine if born after 1987.
12. Influenza: administered annually during school.

Instructions to the Applicant

1. Most immunizations are done free of charge by Health Units in BC.
2. Arrangements for a chest X-ray, if required, can also be made through local health units.
3. Take this Immunization Record Form with you when obtaining your immunization to be completed by a health official.
4. Students who have not met the immunization requirements **will not** be permitted to attend practice experiences.
5. Any costs involved in meeting the above requirements are the responsibility of the student.
6. Public Health Units do not keep records from many years ago. Bring any records of past immunizations you have with you to the Health Unit to assist the Public Health Nurse or Travel Nurse to complete the Immunization Record.
7. The Immunization Record is **not** to be filled out by the Applicant.

Health Unit/Travel Clinic Contact Information

1. The Castlegar Public Health Unit is located in the Castlegar Health Centre.
Phone: 250.365.7711 between 0830-1630
2. The Castlegar Travel Clinic is located at 1245 – 3rd St.
Phone: 250.304.1880 or 1.888.288.8682 (Contact them for hours of operation.)
3. Nelson Public Health Unit ,2nd Floor 333 Victoria St.
Phone: 250.505.7200

Trail Public Health – Kiro Wellness Centre, 2-1500 Columbia Ave
Phone: 250.364.6219

Applicant's Name	
Address	

To Be Completed by Community Health Unit or Physician.

Primary Immunization					
DPT	Primary Series Date (dd/mm/yyyy)	Reinforcing Dose Date (dd/mm/yyyy)	Signature		
Diphtheria					
Pertussis					
Tetanus					
Poliomyelitis					
<u>Rubeola</u> <i>(If born after 1957 requires two doses of vaccine or serological test indicating immunity)</i>		1 st Dose <i>(Date and Signature)</i>	2 nd Dose <i>(Date and Signature)</i>	Serology Test Result	
<u>Mumps</u> <i>(If born between 1957-1969 one dose of vaccine required. Two doses required if born after 1969 or serological test indicating immunity.)</i>					
<u>Rubella</u> <i>(If born after 1957 one dose of live attenuated vaccine or serological test indicating immunity.)</i>			NOT REQUIRED		
Hepatitis B <i>(complete a 2 or 3 dose series)</i>		1 st Dose <i>(Date and Signature)</i>	2 nd Dose <i>(Date and Signature)</i>	3 rd Dose <i>(If applicable)</i> <i>(Date and Signature)</i>	
Meningococcal C: 1 dose of vaccine if born after 1987.		1 st Dose <i>(Date and Signature)</i>			
Varicella: Document history of disease? YES <input type="checkbox"/> YEAR _____ NO <input type="checkbox"/>					
Varicella Antibody Test <i>(If no history of disease)</i>		Date		Signature	
		Result			
Varicella Vaccine <i>(If immunity not documented)</i>		Date			
		Signature			
Tuberculin Test <i>(To be completed 6 mos prior to practicum experience.)</i>		Chest X-Ray <i>(if positive reactor)</i>			
Date	Result	Signature	Date	Result	Signature

MAKE SURE YOU KEEP A COPY OF THIS FORM FOR YOUR FILES AS YOU WILL REQUIRE THIS INFORMATION IN THE FUTURE.

Return this form to: Admissions Office
 Selkirk College
 301 Frank Beinder Way
 Castlegar BC V1N 4L3
admissions@selkirk.ca

Public Health Unit Physician's Office Stamp