

# Social Service Worker

**PROGRAM ADMISSION PACKAGE**



**DEAR APPLICANT,**

Greetings and thank you for your interest in the [Social Service Worker Program](#).

As a graduate of the Social Service Worker Certificate Program you will be prepared to support others dealing with personal or social challenges. You will work with diverse populations that include individuals, families, groups, organizations and communities with the goal of helping them achieve optimum social functioning.

Courses are chosen and developed to prepare entry into practice, and/or to transfer into higher level studies. If you have any questions, you can contact the Enrolment Officer or visit the frequently asked questions page online.

Sincerely,



Jocelyn Schroeder, RN, BSN, MSN  
School Chair, School of Health & Human Services

## GENERAL INFORMATION

Thank you for your interest in the Social Service Worker Certificate Program.

Please complete all of the necessary sections in this package. Please read the [program policies](#) concerning admission into the program.

Acceptance to the program is based on a first qualified basis given that the applicant meets all the requirements. Upon completion of the application package, you will be sent a letter of acceptance into the program. Please submit this completed package by email to: **hhsadmissions@selkirk.ca**

## ACADEMIC REQUIREMENTS

- English 12 or equivalent with a C or higher (60%)

## NON-ACADEMIC REQUIREMENTS

- COVID-19: The Provincial Health Officer no longer mandates that health care workers in BC be vaccinated against COVID-19, but requires a record of COVID-19 vaccination status. Private health care facilities may still require COVID-19 vaccination. Contact your program coordinator if you have questions.
- 30 hour work/volunteer experience form completed by a supervisor who has observed the applicant in a volunteer or paid work situation is required
- Two (2) personal reference forms
- Ministry of Justice Criminal Record Check
- Resumé

Recommended:

- Computer skills
- Drivers license or access to transportation for practicum placement

## PRACTICUM REQUIREMENTS

- Proof of a negative tuberculosis test or a clear chest x-ray that is less than 6 months old for those who have been requested to have this from our community partners

## OFFICIAL TRANSCRIPTS

Official Transcripts from high school and all post-secondary institutions attended submitted directly to Selkirk College. Please review [how to submit transcripts](#) to Selkirk College.

## TO BE FILLED OUT BY APPLICANT

### PERSONAL INFORMATION

First Name:	Last Name:
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Mailing Address:
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Selkirk College Student Number:	Email:
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How did you first hear of the Social Service Worker Certificate Program?

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### ACADEMIC QUALIFICATIONS: ACADEMIC HISTORY

**You must fill in this form.** You must also send us all of your official transcripts. This form is NOT a substitute for your transcripts.

Name of High School:
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City/Province/Territory of High School:	Year of Graduation:
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Student Name:	Student Number:
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**TO BE FILLED OUT BY REFEREE**

**NON-ACADEMIC QUALIFICATIONS: 30 HOUR WORK EXPERIENCE**

The work experience can be either volunteer or paid. Please describe the experience and role of the applicant.

Referee Name:	Referee Phone:
Referee Email:	Dates of work experience:
Referee Address:	
Description of work experience:	

Please check each item which best indicates your rating of the applicant.

	Strong	Average	Poor	Don't Know
Demonstrates warmth and interest in working with people.				
Focuses attention on meeting the needs of others.				
Models appropriate and responsible behaviour.				
Demonstrates good attendance habits and reliability.				
Shows initiative in finding ways to be helpful.				
Asks staff for direction and information.				
Follows staff directions and acts on feedback.				
Works co-operatively with staff.				
Shows a positive attitude towards learning.				
Appears to have the physical and mental health required to handle the demands of full-time employment.				

Student Name:

Student Number:

**TO BE FILLED OUT BY REFEREE**

Please comment on your perception of the applicant in the following areas.

Ability to demonstrate acceptance of a wide variety of attitudes, values and people:

Ability to demonstrate appropriate emotional reactions:

Strengths:

Limitations:

Overall suitability for Human Services field:

How would you recommend the applicant to our program?

- Highly recommend
- Recommend
- Not recommend
- Uncertain

Student Name:	Student Number:
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**TO BE FILLED OUT BY PERSONAL REFERENCE 1**

Please refrain from using family members.

Reference First Name:	Reference Last Name:
Reference Email:	Reference Phone:
Referee Address:	
How long have you know the applicant? In what capacity?	

Please check each item which best indicates your rating of the applicant.

	Strong	Average	Poor	Don't Know
Demonstrates an interest in people.				
Flexible, sensitive and supportive.				
Has a positive attitude towards learning.				
Communicates effectively in writing.				
Communicates effectively verbally and non-verbally.				
Works cooperatively in a group.				
Demonstrates non-judgmental respect for values and lifestyles of others.				
Demonstrates ability to cope constructively with own personal issues in a manner that does not interfere with ability to work with other people.				
Able to problem solve and demonstrate critical thinking.				
Able to respond positively to supervision.				
Good physical and mental health—able to handle full-time employment				
Is honest and reliable.				

Student Name:

Student Number:

## TO BE FILLED OUT BY PERSONAL REFERENCE 1

Please comment on your perception of the applicant in the following areas.

Ability to handle stressful situations:

Ability to accept and understand a wide variety of perspectives:

Strengths:

Limitations:

Overall suitability for Human Services field:

How would you recommend the applicant to our program?

Highly recommend    Recommend    Not recommend    Uncertain

If you were employed in the Human Services, would you employ this person?

Yes    No



Student Name:	Student Number:
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## TO BE FILLED OUT BY PERSONAL REFERENCE 2

Please refrain from using family members.

Reference First Name:	Reference Last Name:
Reference Email:	Reference Phone:
Referee Address:	
How long have you know the applicant? In what capacity?	

Please check each item which best indicates your rating of the applicant.

	Strong	Average	Poor	Don't Know
Demonstrates an interest in people.				
Flexible, sensitive and supportive.				
Has a positive attitude towards learning.				
Communicates effectively in writing.				
Communicates effectively verbally and non-verbally.				
Works cooperatively in a group.				
Demonstrates non-judgmental respect for values and lifestyles of others.				
Demonstrates ability to cope constructively with own personal issues in a manner that does not interfere with ability to work with other people.				
Able to problem solve and demonstrate critical thinking.				
Able to respond positively to supervision.				
Good physical and mental health—able to handle full-time employment				
Is honest and reliable.				

Student Name:	Student Number:
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## TO BE FILLED OUT BY PERSONAL REFERENCE 2

Please comment on your perception of the applicant in the following areas.

Ability to handle stressful situations:

Ability to accept and understand a wide variety of perspectives:

Strengths:

Limitations:

Overall suitability for Human Services field:

How would you recommend the applicant to our program?

Highly recommend    Recommend    Not recommend    Uncertain

If you were employed in the Human Services, would you employ this person?

Yes    No

## MINISTRY OF JUSTICE CRIMINAL RECORD CHECK

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 part of the package 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 valid for five (5) years.

To submit an online request for a criminal record check, you must:

- Be at least 12 years of age as of today's date.
- Have an access code provided by your organization.
- Have your identity verified by using the BC Services Card Login. If you choose not to use the BC Services Card Login, your organization will verify your ID after you submit your criminal record check.

### ONLINE REQUESTING SERVICE

1. Go to: [justice.gov.bc.ca/criminalrecordcheck](https://justice.gov.bc.ca/criminalrecordcheck)
2. Please enter Selkirk College access code: **ZWN7NCEP5C**  
(\*Note: Organization Information under "Job Title" enter **student**.)
3. For information on how to complete a criminal record check, please see Ministry of Justice website: [https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/crime-prevention/criminal-record-check/crc\\_applicant\\_user\\_guide.pdf](https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/crime-prevention/criminal-record-check/crc_applicant_user_guide.pdf)

# COMPUTER SKILLS SELF-ASSESSMENT

Student Name:

Student Number:

Computer Knowledge	Yes	No	Unsure
I can identify the basic parts of a computer system			
I can properly start and shut down a computer system			
I can start and close a computer program			
I can describe some common uses of computers in society			
I can use a mouse/pointing device			
Word Processing	Yes	No	Unsure
I can create a new word processing document			
I can edit a document			
I can save a document to the storage drive			
I can print a document			
I can retrieve a document			
I can use tools such as spell check or thesaurus			
Electronic Communication	Yes	No	Unsure
I search online			
I can complete an online form			
I can add to favourites/bookmark bar			
I can send and receive email, including attachments			

If you answered No/Not Sure to one or more of the questions in the Computer Skills Self-Assessment, you can use the following strategies to help you to complete computer-related assignments throughout the program.

- Ask a friend or family member to demonstrate the basic skills of using a computer, including identifying its main parts, turning it on/off, starting and shutting down a computer program and using a printer.
- Follow online tutorials to learn how to create a document on the computer
- Unsure how to use the search using the internet? Work with another student who understands how to complete an internet search.
- If you do not have an email account, you can find a tutorial online on how to set up something using [Google](#), [Microsoft](#) or [Yahoo](#).

## APPLICANT DECLARATION

Student Name:

Student Number:

### DECLARATION

I certify that I have provided accurate and authentic information in this application. I understand that falsification or plagiarism of my application will result in the withdrawal of my application and/or the offer of admission.

The information on this form is collected under the general authority of the College and Institution Act 41.1 (2) a. It is directly related to and needed for the selection of applicants for the **Social Service Worker Program**. The information will be used to make admissions decisions.

If you have any questions about the collection and use of this information, please contact Jocelyn Schroeder, Chair of the School of Health and Human Services at [jschroeder@selkirk.ca](mailto:jschroeder@selkirk.ca) or call toll free at 1 (888) 953-1133, Ext.: 21289

**I HAVE READ & UNDERSTAND THIS DECLARATION**

**I DO NOT AGREE / DO NOT UNDERSTAND THIS DECLARATION**

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APPLICANT SIGNATURE

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DATE SIGNED