

Health Care Assistant

Program Admission Package



DEAR APPLICANT,

Greetings and thank you for your interest in the [Health Care Assistant](#) program at Selkirk College.

This 26-week program is recognized by the BC Care Aide & Community Health Worker Registry. During the first 16 weeks, students will complete online and face-to-face theory and lab courses on the Trail campus, followed by 270 hours of practice in Long Term Care and community care settings during the final ten weeks of the program.

Students are prepared to work in a wide variety of public and private settings including long term and acute care, home support and assisted living. 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, spiritual and social well-being of clients and residents.

If you have any questions, you can contact the [Enrolment Officer](#).

Sincerely,

A handwritten signature in blue ink that reads "T Clarke".

Tammie Clarke, RN, BN, MA, CCNE
School Chair, School of Health & Human Services

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GENERAL INFORMATION

Thank you for your interest in the Health Care Assistant (HCA) program. Please complete all of the necessary sections in this package. Please read the [program policy](#) concerning admission into the program.

Please submit this [completed package](#) by email to: **hhsadmissions@selkirk.ca**

ACADEMIC REQUIREMENTS

- ☐ English 10 with a C+ or higher (67%)

Note: Internationally educated students whose first language is not English will need to [supply evidence of language proficiency](#).

- ☐ Completion of the College Readiness Tool (CRT)

NON-ACADEMIC REQUIREMENTS

- ☐ Applicant questionnaire
- ☐ Three (3) personal reference forms
- ☐ English language declaration form
- ☐ [FoodSafe](#)
- ☐ [Standard](#) First Aid with CPR C or Emergency First Aid with CPR C
- ☐ College Readiness Tool (CRT)

Recommended:

- ☐ Computer Skills Self-Assessment

PRACTICUM REQUIREMENTS

- ☐ Applicants must be able to demonstrate compliance with Public Health Officer's orders with respect to COVID-19 vaccine requirements
- ☐ Health Program Immunization Record
- ☐ Standard First Aid with CPR C or Emergency First Aid with CPR C
- ☐ Ministry of Justice Criminal Record Check

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.

HEALTH CARE ASSISTANT PROGRAM

TO BE FILLED OUT BY APPLICANT: QUESTIONNAIRE

PERSONAL INFORMATION

First Name:	Last Name:
Mailing Address:	
Selkirk College Student Number:	Email:

How did you first hear of the Health Care Assistant 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:	
City/Province/Territory of High School:	Year of Graduation:

Prerequisite Courses Completed - This section must be completed. **Do not** write "see transcripts".

Grade Obtained:	Educational Institution:
Grade Obtained:	Educational Institution:
Grade Obtained:	Educational Institution:

Non-native English speakers: Have you completed a standardized English proficiency test? If yes, please include:

Name of test:
Scores:
Date of test:

HEALTH CARE ASSISTANT PROGRAM

TO BE FILLED OUT BY APPLICANT: QUESTIONNAIRE

ACADEMIC QUALIFICATIONS: ACADEMIC HISTORY CONTINUED

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.

Are you currently enrolled in an educational program or course? ☐ Yes (fill out below sections) ☐ No

Course	Educational Institution	Anticipated Completion Date

LIFE EXPERIENCES

Please outline any of your life experiences, including employment or volunteer work, which may have relevance to your application.

Student Name:

Student Number:

HEALTH CARE ASSISTANT PROGRAM

ENGLISH LANGUAGE COMPETENCY SELF-DECLARATION FORM

DECLARATION

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.

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

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

Student Name:

Student Number:

HEALTH CARE ASSISTANT PROGRAM

ENGLISH LANGUAGE COMPETENCY SELF-DECLARATION FORM

EDUCATION

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

Years	School	Location
Example: 1980 - 1988	ABC Elementary School	British Columbia, Canada

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 Health Care Assistant (HCA) 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
contact Tammie Clarke, Chair of the School of Health and Human Services at tclarke@selkirk.ca,
call toll free at 1-888-953-1133 ext 21458

☐ **I HAVE READ & UNDERSTAND THIS DECLARATION**

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

APPLICANT SIGNATURE

DATE SIGNED

OFFICE USE ONLY - 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.

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.

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

ONLINE REQUESTING SERVICE

1. Go to: <https://justice.gov.bc.ca/criminalrecordcheck>
2. Review the information to ensure you are able to use this service. If you are not able to use this online service, see information below titled **PAPER APPLICATION PROCESS**
3. If you are able to use this service, scroll to the bottom of the CRC website page and enter the Selkirk College access code: **ZWN7NCEP5C**
4. Enter in the characters you see in the security image and either click "Request a New Criminal Record Check" or "Share the results of a Completed Criminal Record Check".
 - a. Request a New Criminal Record Check – for those applicants who have never had a criminal record check done before or whose check has expired.
 - b. Share the results of a Completed Criminal Record Check – for those applicants who currently have a check and would like to share it with Selkirk College
5. Choose the correct options and review the next page. By selecting NEXT you are agreeing/consenting to a Criminal Record Check for Selkirk College. Review and agree to the terms on the next page
6. Enter in your personal information on the next page. Once you have entered your information you will be asked to review. Once you have reviewed the information, click Next to proceed with identity verification.
7. If the system cannot complete the request to initiate a criminal record check online, please print the page by clicking the "Print" button at the bottom of the page and scan and email the form to hhsadmissions@selkirk.ca

MINISTRY OF JUSTICE CRIMINAL RECORD CHECK

PAPER APPLICATION PROCESS

If you would prefer, or are required, to fill out the paper application contact the Enrolment Services Office at hhsadmissions@selkirk.ca and request the form. One will be sent to you. The form is electronically fillable – please use Adobe Acrobat to fill out the form.

Please read information and instructions on Page 1. To avoid processing delays, ensure all fields are complete. Providing your driver's licence number or BCID number may expedite the process. Some parts of the form are already auto-populated. Only fill out **Part 1: Applicant Information**, **Part 3: Position with Organization (Required)** - enter Student, and lastly **Part 5: Consent for Release of Information and Acknowledgments**.

Once the form is filled out, please print and sign the form. Scan the form plus two pieces of ID to the Enrolment Services Office at hhsadmissions@selkirk.ca. Note: One piece of ID must be government issued (drivers licence preferred) and displays applicant's name, date of birth, signature and photo. Please put drivers licence number on the consent form if it is being provided for ID.

After your application is received and reviewed by the Enrolment Services Office, it will be forwarded to the Ministry of Justice for processing. The Ministry of Justice will email directions to the email address provided for payment. Please be sure to check your spam/junk mail folders for this email. Once payment has been received your application will be processed. The cost of the criminal record check is \$28.

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.)

The Criminal 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.

For any questions or assistance with this process, please contact the Enrolment Services Office at hhsadmissions@selkirk.ca or by phone at 250-365-1232.

IMMUNIZATION INSTRUCTIONS

INSTRUCTIONS TO THE PUBLIC HEALTH NURSE OR TRAVEL CLINIC NURSE

Please complete the attached immunization record and include a print-out of an official immunization record from the appropriate Health Authority. 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.

Take this Immunization Record Form with you when obtaining your immunization to be completed by a health official and/or obtain a print-out from that same health official.

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: **Please complete your TB skin test no sooner than six months prior to your first clinical placement.** If you are unsure about your clinical dates, check with your program coordinator/instructor for clarification regarding when to complete the TB testing. It is important that your TB skin test results are no more than six months old before entering your clinical practice.
 - a. Tuberculin Test: 5 TU of PPD, read in 48-72 hours, unless individual is a positive reactor. Cost of the test is the student's responsibility.
 - b. Chest X-ray: if positive reaction.

Some individuals may be eligible to receive their TB test at a reduced or no cost. Please check with the Public Health or Travel Clinic when you make your appointment.
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.

IMMUNIZATION INSTRUCTIONS

INSTRUCTIONS FOR 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 the Immunization Record Form with you when obtaining your immunization to be completed by a health official.**
Note: non-local students must take this form to your local public health unit.
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

- The Castlegar Public Health Unit is located in the Castlegar Health Centre.
Phone: 250.365.7711 between 0830-1630
- Nelson Public Health Unit, 2nd Floor 333 Victoria Street.
Phone: 250.505.7200
- Trail Public Health – Kiro Wellness Centre, 2-1500 Columbia Ave
Phone: 250.364.6219

Student Name:

Student Number:

Student Mailing Address:

HEALTH CARE ASSISTANT PROGRAM

IMMUNIZATION RECORD

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				
	First Dose Date (dd/mm/yyyy)	2nd Dose Date (dd/mm/yyyy)	3rd Dose (if applicable) Date (dd/mm/yyyy)	Signature
Rubeola ⁱ			Serology Test Result:	
Mumps ⁱⁱ				
Rubella ⁱⁱⁱ		NOT REQUIRED		
Hepatitis B ^{iv}				
Meningococcal C ^v				

VARICELLA

Document history of disease? ☐ Yes: Year _____ ☐ No

Varicella Antibody Test (If no history of disease) Date: _____ Result: _____ Signature: _____

Varicella Vaccine (If immunity not documented): _____ Date: _____ Signature: _____

TUBERCULIN TEST Please check with your program coordinator/instructor for clarification regarding when to complete the TB skin testing. It is important that your TB skin test results are no more than six months old before entering your clinical practice.

Date: _____ Result: _____ Signature: _____

Date: _____ Result: _____ Signature: _____

Chest X-Ray (if positive reactor):

KEEP THE ORIGINAL DOCUMENT AND SEND A SCANNED COPY TO: hhsadmissions@selkirk.ca

ⁱ If born after 1957 requires two doses of vaccine or serological test indicating immunity.

ⁱⁱ If born between 1957-1969 one dose of vaccine required. Two doses required if born after 1969 or serological test indicating immunity.

ⁱⁱⁱ If born after 1957 one dose of live attenuated vaccine or serological test indicating immunity.

^{iv} Complete a 2 or 3 dose series.

^v First dose of vaccine if born after 1987.

PUBLIC HEALTH UNIT
PHYSICIAN'S OFFICE STAMP

Student Name:

Student Number:

HEALTH CARE

ASSISTANT PROGRAM

TO BE FILLED OUT BY PERSONAL REFERENCE 1

Please refrain from using family members.

Reference First Name:	Reference Last Name:
Reference Email:	Reference Phone:
Reference 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.				

HEALTH CARE ASSISTANT PROGRAM

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:

HEALTH CARE

ASSISTANT PROGRAM

TO BE FILLED OUT BY PERSONAL REFERENCE 2

Please refrain from using family members.

Reference First Name:	Reference Last Name:
Reference Email:	Reference Phone:
Reference 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.				

HEALTH CARE ASSISTANT PROGRAM

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

Student Name:

Student Number:

HEALTH CARE
 ASSISTANT PROGRAM

TO BE FILLED OUT BY PERSONAL REFERENCE 3

Please refrain from using family members.

Reference First Name:	Reference Last Name:
Reference Email:	Reference Phone:
Reference 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.				

HEALTH CARE ASSISTANT PROGRAM

TO BE FILLED OUT BY PERSONAL REFERENCE 3

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:

COMPUTER SKILLS SELF-ASSESSMENT

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](#).