Broadway campus 1155 East Broadway, Vancouver, B.C. V5T 4V5

vcc.ca/health

All applicants are asked to provide 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.

Personal Inform	ation			
				Student ID
Applicant Name:				Date (DD/MM/YYYY)
Check the one state	ement that applies t	o you:		
	an English-speaking environr ars at the secondary (grade 8			eaking countries) for
	an English-speaking environr the secondary (grade 8 or hi			eaking countries) for
I have not been educate	d in an English-speaking envi	ronment (in one of the	e approved English	n-speaking countries)·
Approved English-s	speaking countries			
 American Samoa Anguilla Antigua and Barbuda Australia Bahamas Barbados Belize Bermuda Botswana British Virgin Islands Canada* Cayman Islands *Applicants educated in Quebec English language proficiency tes	Dominica Falkland Islands Fiji Gambia Ghana Gibraltar Grenada Guam Guyana Ireland Jamaica Kenya e at an institution where the languating.	 Lesotho Liberia Malta Mauritius Montserrat New Zealand Nigeria Seychelles Sierra Leone Singapore South Africa St. Helena uage of instruction was	• § • § • § • § • § • § • § • § • § • §	St. Kitts and Nevis St. Lucia St. Vincent & the Grenadines Fanzania Frinidad and Tobago Furks and Caicos Islands Jganda Jnited Kingdom Jnited States of America (USA) JS Virgin Islands Zambia Zimbabwe ovide evidence of external
			DD/MM/YYYY	DD/MM/YYYY
Name of school/instutition	Province, Country		Start date	Date completed DD/MM/YYYY
 Name of school/instutition	Province, Country		DD/MM/YYYY Start date	Date completed
rame of school/mstatition	r rovince, country		DD/MM/YYYY	DD/MM/YYYY
Name of school/instutition	Province, Country		Start date	Date completed
Applicant declar	ration			

CO COMA 0072 REOF 20240716

Personal information provided for the purposes of releasing information to a third party is collected, protected, used, disclosed and retained in compliance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use and disclosure of your personal information by VCC or the use of this form, please contact the Registrar's Office, Vancouver Community College, 1155 East Broadway, Vancouver, B.C. V5T 4V5; 604.871.7000.

Date

Student Acknowledgement: Any supplemental information provided by me is true to the best of my knowledge.

Signature