

# **SD38 APPLICATION**

# VCC HEALTH CARE DUAL CREDIT PROGRAMS

(Medical Lab Assistant – MLA or Health Care Assistant – HCA)

A Partnership with SD38 Career Programs and Vancouver Community College



**APPLICATION DUE DATE (\*<u>NO EXCEPTIONS</u>\*)** 

Must arrive at the SD38 Career Programs Office by

Tuesday, April 8<sup>th</sup>, 2025 @ 3:30 pm

Email completed application package to careerprograms@sd38.bc.ca

OR

**Drop off at Cambie Secondary – Career Programs (Learning Services)** 

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#### **APPLICANT CRITERIA**

- Students apply in Grade 11 and take during their Grade 12 year.
   (Must be Canadian Citizen or have Permanent Residency. Not available to International students.)
- Applicant must not have achieved Ministry of Education graduation at the time of program start
- Demonstrated excellent attendance, punctuality, (written/oral) communication and organizational skills
- Keen interest in working with the public and able to work well in stressful situations
- Excellent interpersonal skills
- Shows maturity and is comfortable working with specimens/bodily functions and fluids

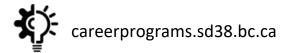
#### **PROGRAM INFORMATION – Read Carefully Before Applying**

- Applicant must read the VCC webpage that describes the program information for which they are applying. In addition, student is strongly advised to research the specific tasks of an MLA or HCA.
- Program tuition is covered by Richmond SD38; student is responsible for VCC fees, textbook etc.

Medical Lab Assistant (MLA) – VCC full-time	Health Care Assistant (HCA) – VCC full-time			
<b>Weuld Lab Assistant (WLA)</b> – VCC Tun-time	<u>nearri Care Assistant (nCA) - VCC Tun-time</u>			
Length: May – September	Length: September – April			
Program Length: 6 months (includes 1 month practicum)	Program Length: 8 months (includes clinical and practicum)			
Dual Credits: approx. 5 high school courses (20 credits)	Dual Credits: approx. 7-8 high school courses (28-32 credits)			
Admission Requirements: (prior to program start)	Admission Requirements: (prior to program start)			
<ul> <li>On track to meet all Grade 12 grad requirements</li> </ul>	- On track to meet Grade 12 graduation requirements			
<ul> <li>Language Arts 12 – minimum "B" grade</li> </ul>	- Double COVID vaccinated			
<ul> <li>Biology 12 – minimum "C" grade</li> </ul>	- BC FoodSafe Level 1			
<ul> <li>Able to pass 5-minute VCC keyboarding test (40 wpm)</li> </ul>	<ul> <li>Standard First Aid and CPR</li> </ul>			

Upon acceptance for either program: Criminal Record Check (CRC), TB Screening, Immunization review required





#### CHECKLISTS for Student, Parent/Guardian, Counsellor

#### (Check each item when complete. Please do not submit partially completed applications)

	STEP 1 – A	Page	Completed and Enclosed	
1.	Applicant Information Page	(Include application date and school year applying for)	3	
2.	Statement of Interest and Intent (	(Thoughtfully complete; <b>do rough draft prior to completing</b> the form)	5	
3.	Proficiency Self-Assessment Form		6	
4.	Teacher Reference Form #1 (A	Ask a teacher, counsellor or administrator to fill out)	7	
5.	Teacher Reference Form #2 (A	Ask <u>another</u> teacher, counsellor or administrator to fill out)	9	
6.	Fillable VCC Youth Application (	(List program applying for on "Other" line)	11-12	
7.	ATTACH Professional Reference Lett	ter (NOT same person as #6 and #7; can use employer, coach, other teacher)		
8.	ATTACH Up-to-Date Resumé (/	Highlight skills or experiences related to your chosen program of study)		

	STEP 2 – PARENT/GUARDIAN PERMISSION AND SUPPORT	Page	Completed
1.	Parent/Guardian fully completes this page	4	

	STEP 3 – CHECKLIST for COUNSELLOR	Page	Completed and Enclosed
1.	ATTACH Most recent Learning Update/Report Card		
2.	ATTACH BC Diploma Verification Report		
3.	ATTACH Up-to-date Attendance Profile		
4.	Indicate Ministry of Ed Special Education Category if Applicable:		
	MoE Code: Code Identification is for: 🛛 Not Applicable		
5.	IEP MUST be ATTACHED if applicable: 🛛 Not Applicable (if applicable, check box in right column)		

# STUDENT: Submit completed application (with all attachments) to the Career Programs Office (c/o Cambie Secondary – Learning Services)

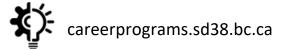
#### Timeline after application is submitted...

- Career Programs sends email acknowledging receipt of application and informing applicant of any missing components.
- \* INTERVIEWS: Take place at VCC. Date TBD (end of April/early May) (By invitation, based on application)
- If successful with the above, notification of (conditional) acceptance will be sent late May/early June.

### Acceptance is subject to approval. As <u>program seats are limited</u>, completion of application and granting of an interview do NOT guarantee acceptance. \*\*ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.\*\*

#### PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS





# SD38 APPLICATION – VCC HEALTH CARE PROGRAM

#### Instructions:

- 1. Complete this Application (tear off top page prior to submission).
- 2. PLEASE PRINT CLEARLY (Applicant MUST be applying in Grade 11 and will start program while in Grade 12.)
- 3. Email to careerprograms@sd38.bc.ca or deliver to Career Programs Cambie Secondary by due date found on first page.

#### **CHECK PROGRAM APPLYING FOR (only one):** (Both are full-time at the VCC Broadway Campus)

Medical Lab Assistant (MLA) – starts May 2026

Health Care Assistant (HCA) – starts September 2025

#### **STUDENT APPLICANT INFORMATION**

Name:			Home	School:		Grade:
	First.		Last			
PEN #:		<u>.</u>	Birthdate (MM/DD/YYYY):	/	/	Age:
Student En	nail ( <b>print clearly</b> )	):		Stude	ent Cell:	
Mailing Ad	dress:					
City/Prov:			Postal Code:	Hon	ne Phone:	
Canadian (	Citizen: 🗖 YES	🛛 NO	Permanent Resident: 🛛 YES	🛛 NO	Aboriginal: 🛛	YES 🛛 NO
Name of re	eferring Counsello	or:		Grad	Date (MM/YYYY):	:/

#### APPLICANT STATEMENTS and SIGNATURE

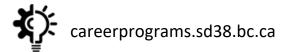
CHECK ALL ONCE READ AND UNDERSTOOD:

- The applicant is currently in Grade 11 and is not an International student.
- The applicant understands the program runs full-time at the VCC Broadway Campus and will commit to being available for its duration (start time of day may be as early as 7:00am).
- The program delivery model is face-to-face, with some hybrid possible and includes an unpaid practicum.
- The applicant gives permission for a Criminal Record Check to occur upon acceptance (required for this field).
- The applicant understands that both the course and practicum will expose them to biohazards and if accepted, they may be required to provide proof of immunization via a family doctor's report.
- The program tuition will be covered by Richmond SD38 and student pays for program fees, books etc.
- Upon successful completion, students will earn elective high school + post-secondary course credits.

**Applicant's Signature:** I certify that all statements in this application package are true and complete.

Date: Applicant Signature:





#### FOR PARENT/GUARDIAN COMPLETION:

#### PARENT/GUARDIAN PERMISSION AND SUPPORT

As Parent/Guard to/understand the		ion to take the indicated VCC Health Care Program, and agree					
<ul> <li>I understand th Solicitor (a lega</li> <li>I am aware that</li> </ul>	I understand that if accepted, my child must agree to a Criminal Record Check with the Ministry of Public Safety and Solicitor (a legal requirement for anyone working in a health care setting) I am aware that Richmond SD38 pays the cost of tuition for this program; my child is responsible for paying the cost of						
<ul> <li>I agree that the upon acceptant</li> <li>I am aware that</li> <li>I understand the</li> <li>I agree that the</li> </ul>	I understand that my child will be in a class with adults during this post-secondary program						
Parent/Guardian	Name:	Relationship:					
	First	Last					
Email:	Email: Cell Phone:						
Date:		Signature:					

Please respond to the following so that the program instructor may best support the applicant, if accepted.

#### **MEDICAL /LEARNING NEEDS INFORMATION**

#### FOR PARENT/GUARDIAN TO COMPLETE:

List ALL medical/special needs information that the program instructor should be aware of or that might affect performance during the program (i.e. has IEP, Learning Support Needs, ADD/ADHD, Diabetes, Epilepsy, Medication, Asthma, Allergies etc.).

- □ No medical/learning needs information to report
- □ If yes, please describe and explain any that may affect performance in this program.

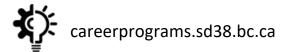
Care Card Number:		Family Doctor:	
 Emergency Contact:			Relationship:
	First.	Last	
Daytime phone (work or home):			Cell Phone:





	STATEMENT OF INTEREST AND INTENT
*	* To only be <u>COMPLETED</u> by hand by the <u>STUDENT APPLICANT.</u> Attach additional pages if needed.**
Ap	oplicant FULL Name: School:
	CHECK PROGRAM FOR WHICH YOU ARE APPLYING: Medical Lab Assistant (MLA) – starts May 2026
1.	What has motivated / interested you to apply for the health care program indicated above?
2.	What work experiences, volunteer activities, and/or courses have you participated in that will support your enjoyment, understanding of and success in this program?
3.	What skills and attributes do you have that will help you to be successful in this program? Explain why they will be a benefit to you when working with your classmates, instructor, and the public (practicum).
4.	What are your interests outside of school? (e.g. hobbies, sports, clubs, special talents etc.)
5.	What knowledge do you have of the work someone in this field does?





#### APPLICANT PROFICIENCY SELF-ASSESSMENT FORM SD38 DUAL CREDIT VCC HEALTH CARE

I am interested in applying for this specialized dual credit program. I understand this program is a full-time (full days) commitment during Grade 12 at the VCC Broadway Campus. This self-assessment will assist in determining my suitability and readiness for this program, and for working with the public in a health care setting.

Please indicate **by highlighting or circling** your proficiency for this post-secondary dual-credit program:

	Proficiency Scale	Emerging	Developing	Proficient	Extending	
CORE COMPETENCIES		I demonstrate an <u>INITIAL</u> understanding of the concepts and competencies.	I demonstrate a <u>PARTIAL</u> understanding of the concepts and competencies.	I demonstrate a <u>COMPLETE</u> understanding of the concepts and competencies.	I demonstrate a <u>SOPHISTICATED</u> understanding of the concepts and competencies.	
Communication						
<ul> <li>I can understand and share information at a topic in an organized way (e.g. contribution class discussion, take initiative)</li> <li>I work with others to achieve a common get I can represent my learning, and tell how connects to my experiences and values</li> </ul>	te to goal	"I am just getting started and learn best with help."	<i>"I am beginning to do more and more on my own."</i>	"I can do it on my own."	"I go beyond what is expected of me.	
<ul> <li>Creative Thinking</li> <li>I generate new ideas or build on other people's ideas, to create new things withi constraints of a form, a problem, or mate</li> <li>I can build on others' ideas, add new idea my own, or combine other people's ideas create new options or solve problems</li> </ul>	rials s of	<i>"I am just getting started and learn best with help."</i>	"I am beginning to do more and more on my own."	"I can do it on my own."	<i>"I go beyond what is expected of me.</i>	
Critical Thinking						
<ul> <li>I actively listen to others and analyze evid from different perspectives</li> <li>I can ask questions and gather informatio</li> <li>I can consider more than one way to proc in an investigation or scenario</li> </ul>	n	"I am just getting started and learn best with help."	<i>"I am beginning to do more and more on my own."</i>	"I can do it on my own."	<i>"I go beyond what</i> is expected of me.	
Personal Awareness and Social Responsibility	/					
<ul> <li>I can use strategies that help me manage feelings and emotions</li> <li>I can persevere with challenging tasks</li> <li>I can clarify issues, generate strategies, we consequences, compromise to meet the r of others, and evaluate actions</li> </ul>	eigh	<i>"I am just getting started and learn best with help."</i>	<i>"I am beginning to do more and more on my own."</i>	"I can do it on my own."	<i>"I go beyond what</i> is expected of me.	
<ul> <li>Positive Personal and Cultural Identity</li> <li>I can explain what my values are and how affect the choices I make</li> <li>I can understand I will continue to develonew abilities and strengths to help me me new challenges</li> <li>I can reflect on my strengths and identify potential as a leader in my community</li> </ul>	p eet	"I am just getting started and learn best with help."	"I am beginning to do more and more on my own."	"I can do it on my own."	<i>"I go beyond what is expected of me.</i>	

Based on my self-assessment I rank my overall proficiency and readiness for this program as (check one):

□ Fully Ready □ Somewhat Ready

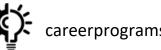
□ Could be Ready (with some support)

Additional Comments: \_\_\_\_\_

Student FULL Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

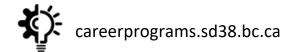




#### **TEACHER REFERENCE FORM #1** SD38 DUAL CREDIT VCC HEALTH CARE PROGRAM

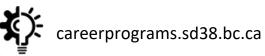
St	udent:					Gr	ade:
Thi rur	La s student has applied is full-time during Gra applied to take a rig	st Name for a post-secon ade 12 at the VC	ndary seat in the C Broadway Can	e npus. Whe	First Name	pear in mind the	
Ple	ase check the following	attributes as:		Emerging	Developing	Proficient	Extending
1.	Demonstrated passion/a	aptitude for working	g with the public				
2.	Maturity to work in he	ealth care setting	with the public				
3.	Accuracy / ability to fo	ollow instructions					
4.	Enthusiasm and intere	st					
5.	Adaptable - adjusts to	new situations					
6.	Follows through on as	signed tasks					
7.	Attendance						
8.	Punctuality						
9.	Shows motivation to le	arn new skills					
10.	Can work independen	tly					
11.	Has positive attitude t	owards work					
12.	Accepts constructive	criticism					
13.	Makes changes as a re	esult of constructiv	ve criticism				
14.	As a candidate for this	dual credit progr	am I would rate th	nis student a	s: (circle the most	appropriate descri	ption)
	1	2	3	4		5	
	NOT SUITABLE		SUITABLE			CEPTIONALLY SU	
15.	Could this student be	counted on to rep			ably in this post-		
	YES			SIBLY		NO	
16.	Do you feel this stude						
47	YES	_		SIBLY		NO	
17.	Please <b>PROVIDE COM</b>	MENTS that will a	id in the selection	of appropria	ate candidates (d	o not leave blank	().
	Teacher Evaluation Cor	npleted by:					
	Print Name:				:		
	Subject Area(s):			Yea	rs Known Studer	nt:	
				7-			J





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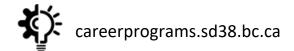




#### TEACHER REFERENCE FORM #2 SD38 DUAL CREDIT VCC HEALTH CARE PROGRAM

Sti	udent:					Gr	ade:
Thi run	ل s student has applie s full-time during Gr applied to take a rig	ast Name d for a post-sec ade 12 at the V	condary seat in th /CC Broadway Ca	ne mpus. Whe	First Name n completing, b	ear in mind tha	
	ase check the followin		<u>iever program</u> m	Emerging	Developing	Proficient	Extending
1.	Demonstrated passion,	/aptitude for work	ing with the public				
2.	Maturity to work in h	ealth care settin	g with the public				
3.	Accuracy / ability to follow instructions						
4.	Enthusiasm and interest						
5.	Adaptable - adjusts te	o new situations					
6.	Follows through on a	ssigned tasks					
7.	Attendance						
8.	Punctuality						
9.	Shows motivation to I	earn new skills					
10.	Can work independe	ntly					
11.	Has positive attitude	towards work					
12.	Accepts constructive	criticism					
13.	Makes changes as a r	esult of construe	ctive criticism				
14.	As a candidate for th	is dual credit pro	gram I would rate	this student a	s: (circle the most	appropriate descri	ption)
	1	2	3	4		5	
	NOT SUITABLE		SUITABLE			CEPTIONALLY SU	
15.	Could this student be		•			,, ,	
	YES	_		SSIBLY		NO	
16.	Do you feel this stude					NO	
17				SSIBLY	-	NO	
17.	Please <b>PROVIDE COM</b>	<b>IIVIEN IS</b> that will	i ald in the selectio	n of appropria	ate candidates (de	o not leave blank	().
	Teacher Evaluation Co						
	Print Name:				:		
	Subject Area(s):			Yea	rs Known Studen	t:	
				-9-			





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### Youth Train in Trades **Application Form**

start to completion of an apprenticeship program.

Previously, ACE-IT (Accelerated Credit Enrolment in Industry Training) is a government-

funded program for high school students providing both high-school credits and head

Downtown campus 250 West Pender Vancouver, B.C. V6B 1S9 Broadway campus

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

**p**: 604.871.7000 **f**: 604.871.7100 e: youthintrades@vcc.ca

www.vcc.ca

1. Personal information							
I already have a VCC student number: 🗖 Yes 🗖 No	If yes, please enter your number:						
Last name (family name)	First name						
Address							
City	Province Postal code						
Phone	Email						
2. Citizenship							
Gender: 🗖 Female 🗖 Male 🗖 Other	Are you a Canadian citizen? 🗖 Yes 🗖 No						
Birthdate (DD/MM/YYYY)	Birth country						
Citizenship country	Native language						
Your status and citizenship/visa or Permanent Resident identification number	Issue date (DD/MM/YY) Expir	y date (DD/MM/YY)					
3. Indigenous Students							
Do you identify yourself as a Canadian Indigenous person? 🗖 Yes 🗖 No If yes, select one or more option that best describes your Indigenous identity:	□ First Nations (Status or non-Status) □ M	1étis 🗖 Inuit 🗖 Indigenous					
Your Nation:	D Please contact me regarding Aboriginal st	udent support and services					
4. Emergency Contact Information							
Name	Relationship to you						
Email	Phone						
5. Declaration (mandatory)							
<ol> <li>I understand that submission of this application does not guarantee admissi entrance requirements and space availability.</li> <li>I agree to abide by the rules and regulations of VCC as published on the VCC registered and any changes which may be made while I am a student at VCC.</li> <li>I certify that the information I have provided in this application is complete a documents or information submitted will result in immediate cancellation of 4. I have read and understand the VCC Protection of Privacy disclaimer on the 5. I understand that VCC will be sending communications in electronic formation</li> </ol>	C website, and those of the department and pund accurate and may be verified by VCC. I unc my admission or registration at VCC. back of this form.	rogram in which I shall be					

#### 6. Program information

I am applying for admission to:

- Auto Collision and Refinishing Foundation
- Auto Collision and Refinishing Foundation- High School on-site
- Auto Collision and Refinishing- High School Flex learning
- Auto Service Tech Level 1 Foundation
- Auto Service Tech Level 1 Britannia Secondary School

Preferred start date (subject to waitlist):

#### 7. Educational history

BC examination or PEN number (Personal Education Number) if known:....

••••••				
Last high school attended	City	Province	Last date attended (MM/YY)	Highest grade completed (10, 11, 12)

Baking Foundation

Professional Cook

Hairstylist Foundation – On-site

Heavy Mechanical Trades Foundation

Hairstylist Foundation – Off-site High School Learning (Maple Ridge)

Other \_\_\_\_\_\_

#### 8. Support for students with disabilities

	Do	you require additiona	l support services	due to a disability	y or medical condition	? (optional)	🗖 Yes	🗖 No	Not specified
--	----	-----------------------	--------------------	---------------------	------------------------	--------------	-------	------	---------------

To support you during your studies at VCC, please contact Disability Services by phone at **604.871.7000**, **option 2**, by email at **disabilityservices@vcc.ca**, in person at the Student Development Reception at either campuses to arrange an intake appointment. Please visit **http://www.vcc.ca/disabilities** for more Information.

#### 9. Protection of privacy

Vancouver Community College (VCC) collects and retains student personal information under the authority of the College and Institute Act. The information will be used to admit, register and graduate students, record academic achievement, issue library cards, administer and operate academic, alumni and other College programs and other purposes consistent with the mandate of the College. Information on admission, registration and academic achievement may also be disclosed and used for statistical and research purposes by the College, other post secondary educational institutions, the Industry Training Authority and the provincial government. Personal information provided for admission and registration and any other information placed into the student record will be collected, protected, used, disclosed and retained in compliance with British Columbia's Freedom of Information and Protection of Privacy Act (R.S.B.C. 1996, c. 165). In addition to collecting personal information for its own purposes the College collects specific and limited personal information on behalf of the Students' Union of Vancouver Community College (SUVCC). The SUVCC uses this information for the purpose of student elections and the Student Health and Dental Plan. Please contact the SUVCC office if you have any questions about its collection, use and disclosure of the information. If you have any questions about the collection, use and disclosure of your personal information by VCC, please contact the Registrar's Office, Vancouver Community College, 1155 East Broadway, Vancouver, B.C. V5T 4V5; 604.871.7000, option 4.

#### 10. Consent to release personal information to your school district (mandatory)

I agree, by signing this form, to allow my school district to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC. This authorization is valid for two years from the date of signing.

School District

Signature

#### 11. Consent to release personal information (optional)

I agree, by signing this form, to allow another person, family member, employer or agency to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC. This authorization is valid for two years from the date of signing.

Name/Organization

Relationship to you

Date

Signature

#### 12. Consent to invoice (completed by school district)

Vancouver Community College is to invoice the school district for program fees as outlined in the Memorandum of Agreement (MOU) and Industry Training Authority Technical Training Partnership form (ITA TTP). Students may also be required to purchase supplies such as textbooks, kits and personal protection equipment. For book lists, kits, etc. check the bookstore at **vcc.ca/bookstore**. Some equipment may be purchased elsewhere.