



## Application for Admission: Advanced Specialty Certificate in Community Care Licensing

### Registration Office

715 McBride Boulevard  
New Westminster, BC V3L 5T4 Canada

Please ensure you type or print clearly and complete all sections of this application.

Have you applied to the Justice Institute of British Columbia (JIBC) or taken any courses here before?  <input type="checkbox"/> Yes <input type="checkbox"/> No	JIBC Student Number (if known)	BC Personal Education Number (PEN*), if known  <small>*Canadian citizens and permanent residents only</small>
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Personal Information				
Legal Last Name		Legal First Name		Middle Name/Initial
Preferred Name			Maiden Name/Previous Name (if applicable)	
Mailing Address			City	Province
Postal Code	Country	Email		
Home Phone ( )		Cell Phone ( )	Work Phone ( )	
Emergency Contact Information				
Name		Phone	Relationship	
Date of Birth MM DD YYYY 	Citizenship <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident of Canada <input type="checkbox"/> Non-Canadian If non-Canadian, please specify your country of citizenship: _____			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	If non-Canadian, please indicate your Canadian immigration status: <input type="checkbox"/> Student Visa <input type="checkbox"/> Other Visa <input type="checkbox"/> Refugee <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Non-Canadian studying outside Canada for this program			Do you also identify yourself as transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is English your primary language? * <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, what is your primary language? _____				
<small>*All applicants educated outside of Canada, or not on our English test exempt list, must meet our English Language proficiency requirements and provide appropriate documentation.</small>				

Voluntary Disclosure
Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit
Please indicate if you are: <input type="checkbox"/> Status <input type="checkbox"/> Non-Status
Is there additional learning support (such as adaptive technology, tutoring, extra time for exams or captioning) that you require? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, and you are admitted to the program, please contact Disability Services at 604.528.5884 or 1.877.275.4331 or email <a href="mailto:disability@jibc.ca">disability@jibc.ca</a>

Program Details	
Entry Term Year: _____ Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	How many courses do you anticipate taking each term? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Do you have experience working as a Licensing Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many years? ____ In which Health Authority(ies)? _____	
If no, please describe any related experience you have: _____ Years? ____	
<b>Continue to next page →</b>	

## Educational History

Official transcripts must be submitted from all post-secondary institutions you have attended in order to complete your application. These transcripts become the property of JIBC.

Post-secondary Institution(s) Attended (most recent first)	Location	From YYYY	To YYYY	Program Type (Bachelor's Degree, Diploma, Certificate, etc.)	Field of Study	Completed? Yes/No	GPA (e.g., 3.0/4.0; 7.5/9.0)

## Statement of Intent

Briefly describe why you wish to enrol in this program.

**How did you learn about this program? (check all that apply)**

JIBC Website  Advertisement  JIBC Publication  Family  Friend  Employer  Professional Association \_\_\_\_\_  
 Facebook  Twitter  Other \_\_\_\_\_

**Application Fee**

A non-refundable application fee of \$75.00, in Canadian funds, is required from all applicants and **MUST** be included with this form. You can pay by cheque, money order, Visa, MasterCard, or American Express. Cash and debit cards are accepted in person only. **Applications received without the application fee will not be processed.**

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Card Number	Expiration Date
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Cardholder Name	Cardholder Signature
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Cheque enclosed (\$75.00, payable to JIBC)  Money order enclosed (\$75.00, payable to JIBC)

**Declaration**

Please read the following before signing

I declare that I have read and understood the information in this application, including the notice regarding collection, use, and disclosure of personal information, and that all statements made with respect to this application are true and complete.

I understand that misrepresentation, falsification of documents, or the withholding of requested information with respect to this application can result in cancellation of admission to the program and course registration, or dismissal from the JIBC.

I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada.

I authorize my college/university to release my academic record(s) for admission purposes should the need arise to accelerate the processing of this application.

I agree, if admitted, to comply with the policies and regulations of Justice Institute of British Columbia.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Collection, Use, and Disclosure of Personal Information**

The Justice Institute of British Columbia respects your privacy. Personal information that you provide is collected pursuant to federal and provincial privacy legislation. It is collected for the purpose of administering admissions, registration, education programs, financial assistance and awards, student support services, graduation, alumni affairs and advancement, and for the purpose of statistical reporting. It may be disclosed to other educational institutions, federal and provincial government departments, co-sponsoring organizations, and the JIBC Alumni Association. Personal information is reported to Statistics Canada under the legal authority of the Statistics Act (see [www.statcan.ca/english/concepts/ESIS](http://www.statcan.ca/english/concepts/ESIS)). If you wish further information please see <http://www.iibc.ca/privacy> or contact the Office of the Registrar.

**Application Checklist**

- Bachelor's Degree completed, or Diploma completed plus 3 years of relevant experience (early childhood educator, residential care worker, nurse, etc.)
- Official transcripts from all post-secondary institutions attended (sealed by issuing institution)
- Proof of English language proficiency (only for applicants whose primary language is not English)
- Application fee of \$75.00
- Two letters of reference (sealed and signed by referee across the envelope flap)
- Professional resume

**Completed application and all supporting documents should be sent to:**

JIBC  
Registration Office  
715 McBride Boulevard  
New Westminster, BC V3L 5T4 Canada

**Questions about the program should be addressed to:**

Email: [clo@iibc.ca](mailto:clo@iibc.ca)  
Telephone: 604.528.5590 Greater Vancouver  
1.877.528.5591 Toll Free - North America only

**Office use only**