

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,



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

GENERAL INFORMATION

Thank you for your interest in the Health Care Assistant 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 10 with a C+ or higher (60%)¹

¹Internationally educated students whose first language is not English will need to supply evidence of language proficiency.

- ☐ Proof of Grade 10 completion (or equivalent) OR mature student status
- ☐ Proof of meeting HCA Program Entry - English Language Competency Requirements
 - ☐ For applicants with three years of full-time instruction in English²: English 10 completion or equivalent
 - ☐ For applicants with less than three years of full-time instruction in English²: Standardized English language proficiency test score

²Defined as three (3) years of full-time secondary and/or post-secondary education at a recognized institution⁴² on the list of Approved English Speaking Countries. Secondary education will be considered starting from grade 8. English as a Second Language (ESL) courses will not be considered.

NON-ACADEMIC REQUIREMENTS

- ☐ Applicant Questionnaire
- ☐ Ministry of Justice Criminal Record Check
- ☐ Three (3) personal reference forms
- ☐ English Language Declaration Form
- ☐ College Readiness Tool (CRT)
- ☐ Computer Skills
- ☐ Drivers license or access to transportation for practicum placement

Note: If the program is accepting international students, a clear police certificate from country of origin must also be included as a program entry requirement⁴³.

PRACTICUM 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.
- ☐ Health Program Immunization Record
- ☐ First Aid Certification including CPR Level C or "Basic Life Support (BLS)" Certification
- ☐ [Foodsafe Level 1 Certification](#) (or a certificate course deemed equivalent)

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.

IMMUNIZATION INSTRUCTIONS

INSTRUCTIONS TO HEALTH OFFICIAL

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.

INSTRUCTIONS TO STUDENTS

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, Practical Nursing and Postgraduate Diploma in Gerontological Nursing.
2. Most immunizations, with the exception of TB testing can be done for free at any Public Health Unit or community pharmacy, 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; one reinforcing dose for Pertussis is required in adulthood. (There may be a cost associated with this.)
4. Poliomyelitis: Primary immunization is recommended for all health care workers (HCWs). Administer a single booster dose 10 years after primary series for HCWs, including laboratory workers, who may be exposed to feces.
5. Rubella (Measles): two doses of live, attenuated vaccine, if born after 1957 or serological test indicating immunity.
6. Rubella: one dose live, attenuated vaccine, if born on or after January 1, 1957 or serological test indicating immunity.
7. Mumps: one dose of vaccine if born between 1957 to 1969 (inclusive), or two doses if born on or after January 1, 1970.
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 (age dependent) and provide serology test results for HBsAg, anti-HBs and anti-HBc Total.
 - If anti-HBs < 10IU/L AND anti-HBs is detectable provide 1 dose of vaccine and retest 4 weeks later.
 - If level is ≥ 10 IU/L, consider as immune and no further doses are required.
 - If anti-HBs is undetectable provide a second series and retest 4 weeks later.
10. Varicella (Chickenpox): Assess need for vaccination. This vaccine is only administered to those that have not had the disease. A self-reported history of varicella or physician diagnosed varicella is adequate only if the disease occurred before 2004. If the disease occurred after 2004, it must be confirmed by lab results.
11. Meningococcal C: Recommended only for research, industrial, and clinical laboratory personnel who are routinely exposed to N. meningitidis. Contact your program coordinator if you are unsure.
12. Influenza: administered annually in the fall.
13. 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.

IMMUNIZATION INSTRUCTIONS

INSTRUCTIONS FOR APPLICANT

1. Most immunizations are done free of charge by Health Units in BC or community pharmacies.
2. Arrangements for a chest X-ray, if required, can also be made through local health units or family physician.
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 or community pharmacy
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, Travel Nurse or Pharmacist 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
- Or visit your local community pharmacy

Student Name:

Selkirk College Student ID:

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Student Mailing Address:

IMMUNIZATION RECORD

TO BE COMPLETED BY HEALTH OFFICIAL

PRIMARY IMMUNIZATION

DPT	Primary Series: First Dose Date (dd/mm/yyyy)	Primary Series: Second Dose Date (dd/mm/yyyy)	Primary Series: Third Dose Date (dd/mm/yyyy)	Most Recent Reinforcing Dose Date (dd/mm/yyyy)	Initials
Diphtheria					
Pertussis			NOT REQUIRED		
Tetanus					
Poliomyelitis					
	First Dose Date (dd/mm/yyyy)	2nd Dose Date (dd/mm/yyyy)	3rd Dose Date (dd/mm/yyyy)	Serology Test Result	Initials
Measles ⁱ				NOT REQUIRED	
Mumps ⁱⁱ				NOT REQUIRED	
Rubella ⁱⁱⁱ		NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	
Hepatitis B ^{iv}					
*Meningococcal B			NOT REQUIRED	NOT REQUIRED	

**Only required for those routinely exposed to N.meningitidis and not provided for free.*

VARICELLA

Document history of disease occurring before 2004? ☐ Yes: Year _____ ☐ No

Varicella Antibody Test (If no history of disease before 2004) Date: _____ Result: _____ Initials: _____

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

☐ First Dose, Date: _____ ☐ Second Dose, Date: _____

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

Student Name:

Selkirk College Student ID:

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Student Mailing Address:

IMMUNIZATION RECORD

TO BE COMPLETED BY HEALTH OFFICIAL

INFLUENZA (ANNUALLY)

☐ Date of Last Dose: _____ Initials: _____

COVID-19 PRIMARY SERIES

☐ First Dose, Date: _____ ☐ Second Dose, Date: _____ Initials: _____

TUBERCULIN TEST

Please complete your TB skin test after acceptance to the program and during your first semester of studies. This will ensure your TB testing results are no more than 6 months old before entering the practice area.

Date: _____ Result: _____ Initials: _____

Chest X-Ray (if positive reactor):

I certify that the above information is accurate and up to date:

STUDENT SIGNATURE

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.

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

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

References:

1. BC Center for Disease Control, Immunization Manual, Part II: Immunization of Special Populations, Health Care Workers. "http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/immunization-of-special-populations" Part 2: Immunization of Special Populations (bccdc.ca)
2. BC Center for Disease Control, Immunization Manual, Part IV: Biological Products. "http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/biological-products" Part 4: Biological Products (Vaccines & Immune Globulins) (bccdc.ca)

TO BE FILLED OUT BY APPLICANT

PERSONAL INFORMATION

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

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”.

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

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

Name of Test:
Scores:
Date of Test:

TO BE FILLED OUT BY APPLICANT

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.

Are you currently in an educational program or course? ☐ No ☐ Yes: Fill out the section below:

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.

ENGLISH LANGUAGE COMPETENCY SELF-DECLARATION FORM

Student Name:

Student Number:

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 (England, Scotland, Wales and Northern Ireland)
Barbados	Grenada	Seychelles	United States of America (USA)
Belize	Guam	Singapore	US Virgin Islands
Bermuda	Guyana	South Africa	
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.

ENGLISH LANGUAGE COMPETENCY SELF-DECLARATION FORM

Student Name:

Student Number:

EDUCATION

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

YEARS	SCHOOL	LOCATION
Example: 1980–1988	Example: ABC Elementary	Example: 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 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 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**

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

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:

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:
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TO BE FILLED OUT BY PERSONAL REFERENCE 3

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 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

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
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

COMPUTER SKILLS SELF-ASSESSMENT

Student Name:	Student Number:
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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.
- 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](#).
- 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.

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 **Health Care Assistant 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 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

APPLICANT SIGNATURE

DATE SIGNED