



# MANDATORY APPLICANT QUESTIONNAIRE

## MEDICAL RADIOGRAPHY

**Admissions**  
3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2



**Instructions:** 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

Student Name	Student ID Number <b>A0</b>
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- This form is a program entrance requirement and must be submitted at the time of application.
- You must save this form to your computer and upload the completed version to your online application.
- The program area will review your responses to ensure they meet the minimum application criteria; please use proper English, grammar, and punctuation.

**PLEASE SEE MEDICAL RADIOGRAPHY ENTRANCE REQUIREMENTS:** [www.bcit.ca/programs/medical-radiography-diploma-full-time-6635dipma/#entry](http://www.bcit.ca/programs/medical-radiography-diploma-full-time-6635dipma/#entry)

### REASONS FOR SELECTING PROGRAM

Discuss the reason(s) you applied to this program and what knowledge, skills, and abilities you hope to gain by completing this program.

## KNOWLEDGE OF THE PROFESSION

Describe what a Medical Radiation Technologist (X-ray Technologist) does. Include the differences between different types of radiation sources used in other diagnostic professions. Compare and contrast the differences between a Technologist and a Radiologist.

Describe why this profession is a good fit for you. Include skills and aptitudes you possess that you believe would make you successful in this profession.

## KNOWLEDGE OF THE PROGRAM

Provide a brief description of the program you are applying to.

Are you aware of the amount of class and study time required to succeed in this program, both individually and in groups? (This information is available on the program webpage.)

- ☐ Yes
- ☐ No

## RELATED EXPERIENCES

Do you have any relevant experience? If yes, what type of experience do you have?

- ☐ Employment (full-time or part-time)
- ☐ Post-Secondary education
- ☐ Volunteer experience – general
- ☐ Volunteer experience – related, in the healthcare field
- ☐ Experience with patient care or customer service

## YEARS OF EXPERIENCE

How many years of relevant experience do you have, paid or unpaid?

- ☐ <1 year
- ☐ 1-2 years
- ☐ 3-4 years
- ☐ 5-10 years
- ☐ >10 years

How many years of work experience do you have in general?

- ☐ <1 year
- ☐ 1-2 years
- ☐ 3-4 years
- ☐ >5 years

Briefly describe your **relevant** experience below. Include how you feel they have prepared you for this profession.

## RELATED EXPERIENCE

Provide details of your time commitment and dates; include key activities/duties and specifics for your involvement with patient contact or customer service.

## ADDITIONAL INFORMATION

Briefly describe any additional information you would like the Admissions Committee to know in considering your application.

### DEPARTMENT USE ONLY

Approved By	Signature	Date (DD/MMM/YYYY)

### PRIVACY NOTICE

BCIT collects personal information that you chose to provide through this questionnaire under the authority of section 26 of the Freedom of Information and Protection of Privacy Act (RSBC. 1996, c. 165) and the College and Institute Act, (RSBC. 1996, c.52).

Your personal information is used to assess your eligibility for admission, registration, decisions on your academic status and for other BCIT purposes that are directly related and consistent with BCIT's mandate and its programs and the administration and operation of BCIT pursuant to the College and Institute Act and other applicable legislation.

Some of this personal information may also be disclosed to the BCIT Student Association, the BCIT Alumni Association and the BCIT Foundation. For individuals who are granted awards, BCIT release personal information to award donors and funding agencies. Information on admission, enrollment and academic achievement is disclosed and used for statistical and program research and evaluation purposes by BCIT, other post-secondary educational institutions (in such cases, individual identities are not disclosed) and as required by provincial and federal government authorities or authorized by law.

Questions about the collection, use and disclosure of personal information by BCIT may be directed to the Associate Director, Privacy, 3700 Willingdon Ave., Burnaby, BC V5A 3H2; Tel: 604.432.8508, email: Cynthia\_Kent@bcit.ca

By completing and submitting this questionnaire with your application for admission to BCIT, you consent to the collection, use and disclosure of your personal information as described above.