



PRE-ENTRY ASSESSMENT DIGITAL HEALTH ADVANCED CERTIFICATE

School of Health Sciences

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

CLEAR FORM

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.

Your BCIT ID Number A0	Legal First Name (given name)	Legal Last Name (family name)
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- This form is a program entrance requirement and submission with your application is mandatory.
- You must save this form to your computer and upload the completed version to your online application.
- The program area will evaluate your answers; please use proper English, grammar and punctuation.

REASONS FOR SELECTING PROGRAM

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

PROFESSIONAL EXPERIENCE

1. Describe your professional background
2. Include any post-secondary and workplace training relevant to this program of study
3. Describe how you plan to integrate this program into your career pathway

PERSONAL STRENGTHS

What personal strengths will help you succeed in completing this program?

ADDITIONAL INFORMATION

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

Recommend to Apply Yes No

Approved by	Signature	Date
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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.