

**English Language Competency SELF-DECLARATION FORM for Health Care Assistant Program**

Please complete and return to: [admissions@coastmountaincollege.ca](mailto:admissions@coastmountaincollege.ca)

Applicants must meet English language competency requirements to be accepted into a recognized British Columbia Health Care Assistant Program. Specific criteria have been developed to determine if an applicant's first language is English.

All applicants are asked to provide the information in this document as part of their admission to a recognized British Columbia Health Care Assistant Program. The statement below and the educational summary will ensure English competency requirements can be satisfied. This form and evidence will be kept in the student file and may be supplied to the Registry upon request.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

**1. Please confirm the following statements with a yes or no response:**

I have been educated in an English-speaking environment (in a listed country)\* for seven years or more.

YES  NO

I have been educated in an English-speaking environment (in a listed country)\* for three consecutive years at the secondary (high school) level or above.

YES  NO

**\*Countries with English language systems / institutions (where English is a primary, official language and the language used for education)**

American Samoa	Dominica	Mauritius	Uganda
Anguilla	Falkland Islands	Montserrat	United Kingdom (England, Scotland, Wales and Northern Ireland)
Antigua	Fiji	New Zealand	United States of America (USA)
Australia	Ghana	Seychelles	US Virgin Islands
Bahamas	Grenada	Singapore	
Barbados	Guam	South Africa	
Belize	Guyana	St. Kitts and Nevis	
Bermuda	Irish Republic	St. Lucia	
British Virgin Islands	Jamaica	St. Vincent	
Cayman Island	Kenya	Trinidad and Tobago	
Canada*	Malta	Turks and Caico Islands	

*\*Applicants educated in Quebec at an institution where the language of instruction was not English, must provide evidence of external English language proficiency testing.*

**2. Please provide all details on your education history as per the example provided**

<i>Years Attended</i>	<i>School Name, City, Province/State, Country and Grades Completed / Credential Received</i>
1990-1998	Jackson Elementary School, Vancouver, BC, Canada, Completed Grades K - 7
1998-2003	Windermere High School, Vancouver, BC, Canada, Completed Grades 8 –12 Awarded High School Diploma
2003-2004	Semiahmoo College, Surrey, BC, Canada, Completed Office Assistant Certificate Program

**Complete the table below**

<b>Years Attended</b>	<b>School Name, City, Province/State, Country and Grades Completed /Credential Received</b>

**3. Please provide evidence of either of the following:**

- Official Transcript, showing completion of English 11 or an acceptable equivalent
- Acceptable English Language proficiency test score to meet BC Care Aid & Community Health Worker Registry requirements

**4. Applicant Declaration**

I, \_\_\_\_\_ (name of applicant), declare the information provided in this form to be true and accurate. **I understand that any incorrect information may result in refusal of my application, or if program acceptance has been granted, the expulsion from the Health Care Assistant Program.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Follow Up Admissions Evidence Required from Applicant:**

- First Language is English - Evidence of English 11 or equivalent is required. Outline evidence provided.

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- First Language is not English - English Language Proficiency test score is required. Outline evidence provided.

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Administrator Name/Reviewed by: \_\_\_\_\_ Signature: \_\_\_\_\_ \*

Date: \_\_\_\_\_

\*I confirm that the evidence provided is in alignment with the [BC Health Care Assistant \(HCA\) Programs English Language Competency Requirements](#)