

Information and Instruction Sheet

The Personal Profile is an important part of your application and will be evaluated by the program faculty.

In your Personal Profile, please address the topics outlined below. Your profile may be handwritten but, if possible, typed or word processed is preferred (maximum three pages, one-sided, double-spaced). Your Personal Profile should show your personal interest in the Health Care Assistant program and experience in the health care field. Be specific rather than general in describing the duration and nature of these experiences. Indicate why you think these experiences are an appropriate preparation for a career in this field.

1. Include your VIU Student Number and date. Please do not include any personal information.
2. Describe your employment history (duration, experience, and brief description of the work performed).
3. Describe the reasons why you want to take the program.
4. What are your career intentions?
5. How much time per day can you commit to the program and homework?
6. Do you have any related training, volunteering, and/or community service? If so, give a brief description of the work you did and what you learned.
7. Identify any possible challenges that may impact your ability to participate fully in the program.
8. Please comment on anything else you feel would demonstrate your interest and suitability for the program.

Attach this page to the front of your submitted Personal Profile. (This page will be separated from your Personal Profile prior to being given to the program faculty for evaluation.)

Submit your **Personal Profile** to the campus you are applying to:

Attention: Admissions Department – Registration Centre
Vancouver Island University

<p>Nanaimo Campus 900 Fifth Street Nanaimo, BC V9R 5S5</p>	<p>Cowichan Campus 2011 University Way Duncan, BC V9L 0C7</p>	<p>Parksville•Qualicum Centre 100 Jensen Avenue East P.O. Box 42 Parksville, BC V9P 2G3</p>	<p>Powell River Campus 100 – 7085 Nootka Street Powell River, BC V8A 3C6</p>
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Name of Applicant: _____
(Please PRINT your First and Last Name)

VIU Student No.: _____

I certify that all information on the Personal Profile is true and complete.

Signature of Applicant

Date

The information on this form is collected under the authority of the University Act of British Columbia. The information provided will only be used for evaluation purposes. If you have any questions about the collection and use of this information, contact the Program Chair, Health Care Assistant Program, 250-740-6266, or the Manager, Information and Privacy, 250-740-6341.