

## HCA Program Application Package

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The Health Care Assistant (HCA) program at North Island College (NIC) offers students a provincial curriculum. NIC participates in the post-secondary BC Transfer System which facilitates students' mobility between similar programs in the province's public post-secondary education institutions.

Information on the role of the HCA can be found on the BC Ministry of Health Services website at [www.health.gov.bc.ca/library/publications/](http://www.health.gov.bc.ca/library/publications/) in a document entitled: "Effectively Utilizing BC's Licensed Practical Nurses and Care Aides".

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## Academic Admission Requirements

Prospective students must meet the following academic requirement:

1. English 11 with a C+ or better, or NIC ENG 052, or ESL 052 and ESL 055 and ESL 058 with a C+ or better, or successful English Placement Test.

Official transcripts must be submitted to provide proof of academic requirements. Transcripts are only considered official when they bear the seal and signature of the institution or agency from which they were sent. Post secondary transcripts must be in a sealed envelope from the sending institution.

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## Other Admission Requirements

In addition to fulfilling the academic admission requirement listed above, a prospective student must submit the following which, with the exception of the first requirement, are included in the HCA Program Application Package.

1. Application for Admission to NIC (available online at [www.nic.bc.ca](http://www.nic.bc.ca))
2. Student Information Form
3. Health Information Bulletin
4. Program Information Bulletin
5. Professional Reference Form
  - volunteer or work experience within the last 2 years

**Note:** *The workplace or volunteer reference letter may be submitted with the student's admission package ONLY if the reference letter is in a sealed envelope with the Referee's signature across the seal. Otherwise, the Referee must submit the form directly to the appropriate Admissions Department.*

*Information collected in this application package is collected in accordance with the Freedom of Information/Protection of Privacy Act and constitutes a part of the student's personal record.*

**Mail the completed forms directly to:**

At present, NIC delivers the HCA program at the Comox Valley and Port Alberni campuses. Please submit completed admission requirements to the campus of your choice.

Admissions <b>Comox Valley Campus</b> North Island College 2300 Ryan Road Courtenay BC V9N 8N6	<b>OR</b>	Admissions <b>Port Alberni Campus</b> North Island College 3699 Roger Street Port Alberni BC V9Y 8E3
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*Note: It is the student's responsibility to be certain that all components of the application are complete. Incomplete applications will not be considered. Students are encouraged to complete the admission requirements as soon as possible as acceptance into the program is assessed by the completion date of these requirements.*

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**Before Classes Begin**

Once the student has been accepted to the program, the student will be required to:

1. Hold a current Standard First Aid certificate with CPR Health Care Provider Level, or equivalent. A photocopy of these certificates must be provided on the first day of class. It is the responsibility of the student to maintain certification throughout the program. Check with your local registration office for available courses.
  2. Submit a completed immunization form. This form will be sent to you once you are offered a seat in the program. This form must be validated by the public health nurse at your local health unit. The test must indicate Rubella IgG reactive and Varicella immune status. This form must be provided on the first day of class.
  3. Submit a Criminal Record Check permission form. This form will be sent to you by Admissions, once you are admitted to the program.
  4. Successfully complete the FoodSafe Level 1 (Basic) course. A photocopy of this certificate must be provided on the first day of class. North Island College offers this course as TFS-010. Check with your local registration office for available course dates.
  5. Successfully complete the Workplace Hazardous Material Information System (WHMIS) General course. A photocopy of this certificate must be provided on the first day of class. North Island College offers this course as OFA-001. Check with your local registration office for available dates.
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**HCA Student Information Form**

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**Personal Information**

*Please notify the College if there is a change in any of the information provided herein.*

Full Name: \_\_\_\_\_

Former Surname: \_\_\_\_\_ Birthdate: (yy/mm/dd) \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

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**High School Education**

Grade completed: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

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**Post-secondary Education**

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**Other courses, training camps, seminars, etc.**

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**HCA Health Information Bulletin**

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Applicant's Name: \_\_\_\_\_

The HCA program provides opportunities for students to work with individuals, families, groups, and communities in a variety of settings. Participation in these experiences is essential. These experiences can be physically and emotionally demanding. Students experiencing illnesses or health conditions may find coping difficult and find it necessary to interrupt their studies.

Listed below are some examples of activities that students will be engaged in and commonly encounter during their educational program and/or when providing care to clients:

- Frequent hand washing
- Physical actions that require:
  - mobility,
  - strength,
  - endurance,
  - manual dexterity and the ability to function in limited spaces,
  - ability to perform repetitive movements, and
  - bending, reaching, walking, and carrying objects.
- Emotionally stressful situations
- Activities that require adequate sensory perception – sight, hearing and touch
- Exposure to environmental smells and noise
- Distractions
- Unpredictable behaviour from those around you

Please be informed that this list is not an exclusive one. If you have any concerns or questions, please contact the HCA program Department Chair or faculty.

**Having read the above with care and attention, your signature will reflect your understanding of the above information and its implication.**

Signature: \_\_\_\_\_

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

## HCA Program Information Bulletin

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The purpose of this bulletin is to provide information to help you decide if the HCA program is right for you at this time. Please consider the following information very carefully.

### The HCA program will be an intense experience for our students.

- You will be required to **attend class** approximately 15-30 hours a week depending on which campus you are attending. There is a considerable amount of pre-reading and several assignments which must be done outside of class time. Our students estimate that there is an additional 2-3 hours per night of homework, as well as several hours on weekends.
- Some students find the pace of the HCA program very taxing and quickly learn the advantage of **academic preparedness**. Familiarity with computers and associated technology is an expectation for students who are entering the health care field.
- A **stable, supportive living environment** and a satisfactory place in which to study are important considerations.
- **Experiential learning and group interaction**. The HCA program engages students in active learning. You will be expected to take part in role plays, especially in lab, class presentations, and to share your experiences.
- **Constructive feedback and evaluation**. Although most of us state that we welcome constructive feedback and evaluation, it is common to experience discomfort and defensiveness when receiving it. Please consider your past experiences with feedback and evaluation, and your level of sensitivity to it. Please reflect on your willingness to receive constructive feedback and use it to improve your skills and performance.
- **Confidentiality**. It is our intent to provide a safe environment for students to share their personal growth experiences while in the HCA program; therefore, you will be expected to keep all personal information shared in the classroom and in the clinical setting confidential.
- **Financial resources and support** are also important considerations. Tuition costs are available on the NIC website. Costs related to textbooks and student manuals, transportation to and from clinical experiences, student association fees, lab fees, uniforms, etc., are extra. For information about applying for student loans please contact the Financial Aid Advisor at the Campus to which you have applied.
- Students are required to provide their own **transportation** to and from classes and clinical practice sites at health care facilities and in the community. Practice Experience placements may require that the students work **evening and/or weekend shifts**. Practice Experience placements will be in various communities and students will be expected to **commute**.

**HCA Program Information Bulletin (page 2)**

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- The health care field agrees upon strongly held **values** including, but not exclusively, confidentiality, a belief in people's right to self-determination, and a non-judgmental attitude of respect and acceptance including racial, ethnic and cultural diversity, sexual preference, family grouping, handicapping conditions, and others. Students will encounter a variety of clients from diverse social and economic backgrounds, and age groups. For some individuals, **personally held values or beliefs may be in opposition** to those expected in this type of work.
- **Personal issues.** The HCA program deals with issues that can be distressing to most of us (including elder abuse, spousal abuse, divorce, drug and alcohol abuse, communicable diseases, and death and dying). Consider your personal experiences with these situations and reflect on your ability to handle your own feelings. For some students, present life situations or the need to work through **past experiences** may mean that this is not the best time to enter the program.

**Having read the above with care and attention, your signature will reflect your understanding of the above information and its implication.**

Signature: \_\_\_\_\_

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

**HCA Professional Reference Form**

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**CONFIDENTIAL**

Letter of reference for applicant to the Health Care Assistant (HCA) Program at North Island College.

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**To be completed by the applicant:**

Applicant's Name: \_\_\_\_\_

Name of person supplying reference: \_\_\_\_\_

North Island College may be verifying this reference prior to acceptance into the program. I give permission to North Island College to check the reference below.

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

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**To the person providing a professional reference:**

We would appreciate your taking the time to complete this reference to help us make an informed decision about the above named applicant's ability to undertake the HCA program. The HCA program is a certificate program that leads to the student becoming an unregistered care provider. These frontline care providers work in a variety of settings, including adult day programs, multi-level residential care facilities, home support agencies, assisted living, or group homes. We would like a frank appraisal of the ability of the applicant to undertake this program.

A minimum of 20 hours of volunteering is required and the experience should occur at only one agency and be completed within the last two years. Acceptable references could also be from work experience.

This reference becomes a part of the student's personal information and can be requested under the *Freedom of Information/Protection of Privacy Act*. Your identity will be protected should such a request be made.

Please complete and sign the Referee Information section that follows.

**Note:** *The person providing a professional reference must be from outside the applicant's family and should be someone who is in a position to offer independent judgment based on first-hand observation from work or volunteer experience.*

**HCA Professional Reference Form (page 2)**

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1. Relationship to applicant: \_\_\_\_\_

2. Type of volunteer work or employment (specify activities person performed):  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Dates of work or volunteer time for applicant  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

4. Total number of hours worked/volunteered: \_\_\_\_\_

5. Volunteer or work references are based on the following criteria. Please assess the applicant's abilities, to the best of your knowledge, by placing a check mark in the most appropriate column below:

		Above average	Meets expectation	Needs work	Don't know
a)	Follows usual protocol of a volunteer or worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Attendance is reliable regarding scheduled hours of volunteer or work times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	Demonstrates initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	Arrives on time for scheduled hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	Able to organize time and tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	Demonstrates kindness and consideration towards clients, staff and public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)	Follows verbal directions with minimal supervision from staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h)	Notifies (in advance) when unable to be present for scheduled times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i)	Maintains confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j)	Have you discussed this reference with the Candidate?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Volunteer or Worker's Name*

**HCA Professional Reference Form (page 3)**

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6. Please note briefly any other information you would like to add. We may contact you for verification.

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7. Please complete and sign the Referee Information below.

**Referee Information:** *Must not be related to applicant.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Mail the completed form directly to:**

Admissions  
**Comox Valley Campus**  
North Island College  
2300 Ryan Road  
Courtenay BC V9N 8N6

**OR**

Admissions  
**Port Alberni Campus**  
North Island College  
3699 Roger Street  
Port Alberni BC V9Y 8E3

**Note:** A reference letter may be submitted with the student's admission package **ONLY** if the reference letter is in a sealed envelope with the Referee's signature across the seal.