



VANCOUVER ISLAND UNIVERSITY

Workplace Essential Skills & Training (WEST) Program Application

This information is used for assessment of program eligibility, support needs and planning.

For applicants interested in attending WEST at the Powell River Campus, please scan this form to pr.studentaffairs@viu.ca or deliver to the front desk c/o:

WEST Program
Vancouver Island University
#100 - 7085 Nootka Street
Powell River, BC V8A 3C6
604.485.2878



VANCOUVER ISLAND
UNIVERSITY

APPLICATION FOR ADMISSION

Please ensure you print clearly and complete all sections of this application.

OFFICE USE ONLY

Date Received:	Application fee received:	CPC:
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VIU Student Number (for returning Students)	Personal Education Number (BC & Yukon High School Students)	Tradesperson ID Number
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Personal Information

Legal First Name (no initials)	Middle Name(s) (no initials)	Last Name
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Maiden Name/Previous Name (if applicable)	Preferred Name
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Mailing Address	City
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Province	Postal Code	Country
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Telephone (Primary) ()	Telephone (Other) ()	Email
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Date of Birth year month day	Social Insurance Number (optional)	Gender Identity <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary
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Citizenship

Canadian

Permanent Resident (documentation required) Country of Citizenship _____

Refugee (documentation required) Country of Citizenship _____

Emergency Contact

Name	Telephone ()	Email
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To Better Serve You, Please Answer these questions

We are dedicated to support Aboriginal students in their efforts to achieve their goals.

Do you identify yourself as an Aboriginal person of Canada, that is, First Nations, Metis, or Inuit? Yes No I prefer not to answer this question

If you identify yourself as an Aboriginal person, are you (please check all that apply) First Nations? (Status, Non-Status, Treaty, Non-Treaty) Metis? Inuit?

We offer the Youth in Care Tuition Waiver Program to eligible students who have aged out of care in the British Columbia Care system as defined by the British Columbia Child, Family, and Community Services Act. For more information contact the Financial Aid department.

Have you lived as a Youth in Care in British Columbia for 12 months or more? Yes No I prefer not to answer this question

We would like to know if you are a "First Generation Learner."

- None of my parents attended university or college Two of my parents attended university or college
- One of my parents attended university or college I prefer not to answer this question

Program Choice

Which program are you applying to?		Are you applying as a visiting student on a Letter of Permission? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate which VIU campus you would prefer to attend (one only). <input type="checkbox"/> Nanaimo <input type="checkbox"/> Powell River <input type="checkbox"/> Cowichan <input type="checkbox"/> Parksville-Qualicum Centre <input type="checkbox"/> Other Location	Please indicate when you would prefer to begin your classes: Month _____ Year _____	
Applicants to the Bachelors of Arts, Business Administration and Science programs, please specify your intended major. The information collected is for planning purposes only and does not guarantee access to any major. Intended Major _____ <input type="checkbox"/> I have not decided on a Major		

Educational History Official transcripts must be submitted from all institutions – faxed, scanned or photocopied documents are not accepted.

Last High School Attended	Location	School District	Presently Attending?	Date Last Attended (year month)	Did You Graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-secondary Institutions Attended	Location	From (year month)	To (year month)	Program or Course	

PLEASE READ THE FOLLOWING BEFORE SIGNING

COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The personal information on this form is collected under the authority of the University Act (RSBC 1996, ch.468). I understand that VIU will use and maintain the information for the purposes of admission, registration, student support services, research, administration and reporting requirements, alumni and development, administration of the Student Union Health and Dental plan, and other activities related to delivery of programs, courses, events and recreation by VIU. Note that in providing VIU with an email address you acknowledge that VIU may send confidential information about you to this address, consistent with Section 26 of the Freedom of Information and Protection of Privacy Act. VIU's administration calls for creating a digital photo image of each student that is used for purposes of validating the student as a member of the VIU community to gain access to campus services. The personal information will be used to verify the student Personal Education Number (PEN), required by the province of British Columbia, or to assign the PEN to students. The PEN is used to measure participation of the population in the post-secondary sector and for research and evaluation. For individuals admitted to a co-admission program with VIU partner institutions, I understand that all details of my application, studies, and student conduct record will be shared openly between VIU and the partner institution. For individuals granted awards, VIU releases personal information to award donors and provincial funding agencies. In addition, VIU uses the name of the award winners and/or photo images, municipality of residence, VIU program name, and the name or criteria of any award won in marketing materials for the purpose of publicizing VIU students, graduates, and their achievements. Student's names and contact information will also be shared with the VIU Students' Union. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. For questions about your personal information use, you may contact VIU's Director, Freedom of Information and Protection of Privacy at 900 Fifth Street, Nanaimo, BC, V9R 5S5, or telephone 250-740-6564.

APPLICANT STATEMENT

I certify that all statements on the application are true and complete. I understand that misrepresentation of this information in any material way may result in cancellation of my admission or registration status. I understand that submission of this application in no way guarantees admission to a program or course, and that admission is subject to meeting Vancouver Island University Program or Course prerequisites and space availability. I agree to abide by the rules and regulations of Vancouver Island University as published in the online official Calendar, and those of the department and program in which I shall be registered, and any changes which may be made while I am a student at the University.

Signature: _____ Date: _____



WEST Program Application

Please ensure you print clearly and complete all sections of this application.

Support Team

Social/Case Worker (Name)

Phone Number

Office Address

Community Support Worker (Name)

Phone Number

Program/Position

Income Source & Living Arrangement

Income Source

- Disability Pension Social Assistance Employment Assistance WCB/ICBC
 Other (specify):

Living Arrangement

- Family Home/With Parents Shared Apartment/House Live Alone Group Home
 Other (specify):

Transportation

How do you get around?

- BC Transit Personal Vehicle Handy-Dart
 Other (specify):

Do you have a driver's license? Yes No

Are you familiar with this city? Yes No

Legal History

Do you have a criminal record or any previous convictions? Yes No

If you selected "yes," please describe:

Education History

What kinds of support did you receive at school in the past?

- Learning Assistance Resource Room Teaching Assistant Skills for Life
 Modified Integration IEP

What kinds of support would you need in the classroom now?

Reading Level/Grade

Please describe any reading or writing difficulties you have.

Have you attached a copy of your last report and IEP (if applicable)?

Yes No

Employment History (describe all kinds of volunteer experience, work experience, paid employment, etc.)

Location	Date Started	Date Ended	Duties	Reason For Leaving

Assessment and Treatment History

The applicant is required to provide a copy of or grant permission for the release of relevant medical reports and information from schools, physicians or other agencies previously involved, to assist in assessing the potential for services by the Workplace Essential Skills & Training Program and in making subsequent recommendations. WEST cannot take responsibility for any fees related to getting these reports. **Please list assessments completed within the last five years.**

Type	By Whom	Reason	Date	Copy Attached
Medical				<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychological				<input type="checkbox"/> Yes <input type="checkbox"/> No
Educational				<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational				<input type="checkbox"/> Yes <input type="checkbox"/> No
Physiotherapy				<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupational Therapy				<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual				<input type="checkbox"/> Yes <input type="checkbox"/> No
Auditory				<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Relevant Assessments				<input type="checkbox"/> Yes <input type="checkbox"/> No

To be Completed by WEST

Application Complete

Intake Completed On:

Assessment Information Received

Date:

Recommendations

Signature

Emergency Information

This information will be used by WEST Program staff to respond to emergency situations. Information will be shared with a medical professional on in the case of an emergency

Full Name

Phone Number

Address (Unit, Street, City, Province, Postal Code)

Personal Health Number

Emergency Contact (name)

Phone Number

Alternate Phone Number

Email Address

Address (Unit, Street, City, Province, Postal Code)

Disability Information (if applicable)

Disability

Medication

Major Side Effects

Seizures:

Allergies:

Safety Issues

Student Medical Protocol

Medical Issue to be Addressed

Warning Signs/Behaviour to Watch for/Environmental Stimuli

Recommended Staff Response

Agency Affiliation

Contact/Social Worker/Other Support Person

Phone Number

Unplanned Early Dismissal Procedure

If we need to dismiss the students earlier than normally scheduled, what would you prefer?

I am independent and can make the necessary arrangements to get home

Please contact the following individual to assist me:

Name	Phone Number
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Use of Promotional Material

Please check the box to give permission for student photos, testimonials and other related materials that may be used for the promotion of the WEST Program.

I give the WEST Program permission to use

I DO NOT give the WEST Program permission to use

Thank you for taking the time to complete this form. It assists our faculty and staff to serve all our students better.

Student Signature	Date
Parent/Support Person Signature (if student is a minor)	Date