

Health Care Assistant Pre-Program Questionnaire/Checklist

Completing the Pre-Program Questionnaire is a process of assessing your knowledge of the Health Care Assistant program and commitment to this career choice. This questionnaire focuses on the extent you are aware of, and are prepared to meet, the challenges and demands of the Health Care Assistant program and profession. It will not be scored. Please consider the statements carefully and provide an honest response.

1. I am aware that clinical practicum placement for this program may occur at any approved clinical site in Northern British Columbia.

Yes

No

2. I am aware that enrolment in the program will require acceptance of a clinical practicum placement anywhere in Northern British Columbia.

Yes

No

3. I am aware that during the clinical practicum I may have to relocate.

Yes

No

4. I am aware that I am responsible for travel, accommodation arrangements and costs to, during and from my clinical practicum placement.

Yes

No

5. I am aware of the emotional, mental and physical demands of the program and occupation and I foresee no difficulty/limitation in learning and/or performing the duties of a health care assistant.

Yes

No

6. I have the mental and physical stamina to learn and perform the duties of a health care assistant.

True

False

7. I am aware that people with sensitive skin and conditions such as sensitivity to latex or other allergies, may be affected by some materials used in the profession.

True

False

8. I have no previous injury or condition that will put me at risk for training and/or working in this profession.

True

False

9. I am aware that this profession requires me to work, evening, weekend, night and on-call shifts beginning as early as 06:30.

Yes

No

10. I am aware that this profession requires me to work with needles, blood, body fluids, and tissue.

Yes

No

11. I am aware that in this profession I may be required to respond professionally to difficult situations such as trauma, surgical procedures and acutely ill patients.

Yes

No

12. I am aware that enrolment in this program, completion of clinical practicum and employment in this profession require criminal record checks.

Yes

No

13. I am aware that enrolment in this program requires immunizations and proof of vaccinations.

Yes

No

14. I am aware that enrolment in this program requires students to demonstrate skills on each other as well as volunteers in a supervised lab setting, prior to providing patient care in the healthcare setting.

Yes

No

15. If I require support/accommodations for a documented disability, I am aware that it is my responsibility to contact and work with CNC Accessibility Support Services and the appropriate course instructor(s) at the beginning of the program and course terms.

Yes

No

Attention Applicant

If you answered "No" or "False" to any of the questions, it is important for you to talk to a CNC recruitment officer at 250-561-5855 to discuss whether this program/profession is suitable for you.

Should you need more information or have questions, please contact the School of Health Sciences at healthsciences@cnc.bc.ca or 250-562-2131.