Health Care Assistant Dual Credit Application Package

The CNC Dual Credit Program allows high school students to earn college credits while completing their high school education. This package will guide you and your parent/guardian through the steps needed to apply and begin your exciting journey into post-secondary learning:

HCA Program Admission Requirements

- Completion of Grade 10
- English Language Arts 10 or equivalent, with a minimum "C" grade

For applicants who have not completed 3 years of full-time secondary education at a recognized institution on the list of Approved English Speaking Countries you will also need to provide:

- Proof of meeting the HCA program English Language Competency requirement as outlined in the most recent BC Health Care Assistant (HCA) Program – Minimum English Language Competency Requirements.
- If you are an international student, a clear police certificate from country of origin is also required. This applies to all international HCA program applicants, including those currently residing in Canada. International students must get a police certificate from their home country, regardless of how long they have been residing in Canada.

Next Steps:

- [ ] Review important information and admission requirements for the Health Care Assistant Program.
- [ ] Download and complete the Dual Credit application package.
- [ ] Have your school staff submit the completed and signed application package to regoffice@cnc.bc.ca
- [ ] Order your electronic high school transcript.
- [ ] Submit the completed application package by June 1st.

Please ensure applications are filled out completely before submitting. Incomplete applications will be returned to school staff for review.

*Note: Successful completion of your CNC courses does not guarantee admission to future CNC programs. If you wish to continue your studies at CNC after graduation, you must submit a new application for your desired program and meet all admission requirements at that time.

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Health Care Assistant (HCA) Program – Important Information for Applicants

CNC's Health Care Assistant program equips you with the practical skills needed to support individuals with disabilities in long-term care settings or private homes. You'll learn how to assist clients in all aspects of their well-being, whether in a facility or at home. The program prepares you to communicate, make basic observations, and support daily living activities such as nutrition, mobility, and personal hygiene.

Understanding the Health Care Assistant Role

Health Care Assistants provide hands-on support to people who need help with daily activities. This includes:

- Assisting with **bathing, dressing, feeding, and mobility**
- Supporting older adults and individuals with physical or cognitive challenges
- Promoting comfort, dignity, and independence

Applicants should be aware that the health care environment may involve:

- Close contact with vulnerable individuals
- Exposure to **bodily fluids** (such as saliva, urine, or blood)
- Possible exposure to **infectious illnesses**
- Physical and emotional demands

Understanding these realities helps students prepare for the professionalism, compassion, and resilience required in this field.

Program Schedule and Expectations

Students in the Health Care Assistant (HCA) Program are enrolled in full-time studies. This means:

- Classes may be scheduled anytime between 8:30 AM and 9:30 PM
- Classes run five days a week
- Students are expected to stay organized, manage their time well, and attend regularly

Because the program moves quickly, missing classes or falling behind can affect your success.

Clinical Placement Requirements

Clinical placements give students real-world experience in health care settings. During these placements:

- Students typically complete 25–40 hours per week
- Shifts may start as early as 6:30 AM and end as late as 11:00 PM
- Students may be scheduled on weekdays, weekends, and statutory holidays

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PEN *(Personal Education Number)*	CNC Student Number (if known)

Application for Admission

RESIDENCY

◯ Canadian Citizen ◯ Permanent Resident (*Proof of immigration status required)* ◯ International Student

PERSONAL INFORMATION

Legal Last Name	Legal First Name	Middle Name(s)
Maiden/Former Last Name(s)	**Preferred Name**	**Date of Birth (YYYY/MM/DD)**

Gender Identity ☐ Man ☐ Woman ☐ Non-Binary ☐ Prefer not to answer/unknown	Primary Language	Phone

Email

Address

City	Province	Postal Code	Country

Do you identify as an Aboriginal/Indigenous Person?	Aboriginal/Indigenous Identity: *(Including Non-Status)*
◯ Yes ◯ No	◯ First Nations ◯ Métis ◯ Inuit

EMERGENCY CONTACT

Last Name	First Name	Phone Number	Relationship

PROGRAM SELECTION

Program		Intake Semester	Year
Health Care Assistant	◯ **Full Time**	(SEPT - DEC) **FALL**	

Campus

◯ Prince George

ADDITIONAL RESOURCES

If you require additional learning support, such as academic accommodations or adaptive technology, please contact Accessibility Services at least four months prior to the start date of the semester. **Call 250 561 5837 or email** access@cnc.bc.ca

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EDUCATION

Current High School

Name	*Grade*

COLLECTION, USE, AND DISCLOSURE OF STUDENT INFORMATION

The information on this form is collected under section 19 of the College and Institute Act and section 26(c) of British Columbia's Freedom of Information and Protection of Privacy Act for the purpose of determining admission, registration, research, statistical analysis, locker and U-Pass administration, student health plan, and the ongoing administration of the student experience. The Freedom of Information and Protection of Privacy Act specifically limits how your information may be accessed, used, or disclosed. If you have any questions about the collection and use of the personal information you provide on this form, contact the Office of the Registrar at 250-561-5800 or regoffice@cnc.bc.ca.

DECLARATION

I acknowledge and agree that the information I have submitted in this application for admission is accurate and complete and that no information has been withheld to the best of my knowledge. Submission of this application permits the college to request and/or confirm any information necessary to support my application for admission. I understand that any omission or misrepresentation of information may result in the cancellation of my admission or registration status and that falsifying documents or information may result in immediate removal from the College of New Caledonia.

I understand that submission of this application in no way guarantees admission to a program or course and that admission is subject to meeting program and course prerequisites and space availability. In addition, I understand that no decision on my eligibility for admission will be made until the application fee and all required documents have been submitted.

I agree to follow the rules, regulations, and policies of the College of New Caledonia as published in the Calendar and website, and those of the Department and program I applied to, and any changes that may be made while I am a student at the College of New Caledonia.

☐ **For International Students Only:**

I understand that, as an international student, I may enroll in the Dual Credit program as an *ordinarily resident,* as determined by the school. I further acknowledge that if I am accepted into any future program at CNC as an international student, I may be subject to all applicable international admissions requirements, tuition fees, and related conditions.

SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Parent/Guardian Signature only required if applicant is 17 years of age or younger on the first day of school.

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Student and Parent Checklist

Instructions for Applicants:

Before you submit your application, please take a few minutes to read through this checklist. It's here to help you understand what the Health Care Assistant (HCA) Program is really like, so you can feel confident and prepared.

- **Read each statement carefully** and check the box if it feels clear to you.
- If you are **under 19**, a parent or guardian also needs to review the information and sign at the end.
- If you have any questions, please reach out to (insert contact details)

This isn't a test — it's simply a way for you and your family understand the schedule, responsibilities, and type of work involved in becoming a Health Care Assistant.

By enrolling in the Health Care Assistant Program, I understand and acknowledge the following:
(Students under 19 must review this section with a parent or guardian.)

Program Expectation	Student	Parent/Guardian
Clinical placements occur on **any day of the week**, including weekends and holidays.	☐	☐
I will learn and practice skills such as **bathing and personal care** with fellow students in a supervised lab setting.	☐	☐
I may have **direct contact with bodily fluids** (such as urine, feces, or vomit) as part of my training and clinical experience.	☐	☐
During clinical placements, I will work under the supervision of a **Health Care Assistant at the site**, not directly with my instructors.	☐	☐
Some class discussions may include **sensitive topics**, such as death, abuse, or suicide.	☐	☐
I am responsible for arranging my own **transportation to and from clinical sites**.	☐	☐

Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Name (if under 19): _____

Parent/Guardian Signature: _____ Date: _____

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Personal Information Collection Notice and Acknowledgment

(to be completed by the student)

Applicant Name: _____ Birthdate: _____

The College of New Caledonia collects and manages personal information under British Columbia's Freedom of Information and Protection of Privacy Act as necessary gathers and maintains information used for the purposes of admission, registration, and other fundamental activities related to being a member of support services for students in the CNC community. Personal information collected during application, and throughout a student's studies is also used for the purposes of reporting, quality assurance and improvement of our programs and services, research, and any other legally required or authorized use and attending a public post-secondary institution in the Province of British Columbia. Information provided to the College by students, and any other information placed into the student record, will be protected, and used in compliance with the BC Freedom of Information and Protection of Privacy Act. Personal information that directly identifies students is only released when necessary to complete the above activities.

Students are advised that the use of information provided on this application form, and other information placed in a student record, complies with the BC Freedom of Information and Protection of Privacy Act, and with the policies and procedures of CNC and Cedars. In addition to internal administrative uses related to student admission, registration and status, student information may also be used in strict confidence by CNC and /or Cedars for research and planning.

Certain student information is provided on a confidential basis to Statistics Canada as governed by the Canada Statistics Act, and to the BC Government. The internal use of student records and the obligatory reporting of student data to external bodies respect the absolute confidentiality of student information.

As the program is a collaborative program between CNC and Cedars, I authorize acknowledge the institutions will share information concerning my application, admission, registration, academic standing, and grades as needed.

Questions about the collection and use of this information should be directed to:

Privacy and Information Sharing Officer
Cedars Christian School
600 Preston Road
Prince George, BC V2K 1A8
(250)-564-0707

Office of the Registrar,
College of New Caledonia
3330 - 22nd Ave, Prince George, BC, V2N1P8
regoffice@cnc.bc.ca

Applicant Signature: _____ Date: _____

Name of Parent/Guardian: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

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Freedom of Information Release (to be completed by Applicant)

College of New Caledonia is governed by the Freedom of Information and Privacy Act (FIPPA) and, as such, is not able to discuss student progress and attendance with a parent/guardian without the permission of the applicant/student. Your signature below provides permission to your parent/guardian to access your student record information.

I give permission to share information about my student record, including grades, attendance, and performance, with my parent/guardian.

_____ _____
Applicant / Student Name (print) Birthdate

_____ has my permission to access my student records,
Parent/ Guardian Name (print) registration and any personal information necessary for, or pertaining to, my application and enrolment at College of New Caledonia.

This permission is in effect for the duration of my Dual Credit studies at the College of New Caledonia.

Student Authorization:

I hereby give authorization as identified above:

Student Signature: _____ Date: _____

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School Staff Approval

As part of the dual credit application process, we want to ensure that the student is set up for success and fully supported in their journey. Please share your assessment of the student's readiness, including whether the student has a clear understanding of expectations in a post-secondary setting, student responsibilities and commitments required to succeed. Insights will help us understand how this student is prepared to transition into an adult learning environment at CNC. Do not provide any personal information about the student that is not necessary to answer the following question. Consideration should be given to any necessary high school pre-requisites.

- Do you believe this student has shown academic readiness and maturity to study in an adult environment and will be successful in their courses at CNC? Do not provide any personal information about the applicant that is not necessary to answer the question.

☐ The student has demonstrated readiness for this opportunity, and I fully support their application to CNC.

☐ No, I do not recommend the student at this time.

Optional – Please share any additional thoughts about this applicant and their suitability for this program, in the space below:

School Staff's Name: _____

School Staff's Signature: _____

Principal's Signature: _____

Date: _____

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Next steps once you've applied:

- ☐ **Check your email regularly!**
  - We will send you important updates about your application, acceptance and registration to your email.
  - Be sure to check your junk/spam folder.
- ☐ **Stay in touch with your school staff**
  - Keep your school informed. Let them know:
    - If you've been accepted
    - Your CNC course schedule
    - If you need to change anything in your application.
- ☐ **Set up your myCNC account**
  - This is your go-to spot for everything CNC!
  - Once you are accepted, you will receive a separate email from IT to set up your username and password.
  - Use this information to log into your myCNC account.
  - Download the app- so you're always in the loop

Keys to Success at CNC

- **Attendance Matters!**
  While enrolled at CNC, it is the expectation that you will attend every class to successfully meet course competencies.
  - Make sure you have transportation to and from CNC.
  - Notify your CNC instructor via email if you will be late and/or absent.

- **CNC Community Values**
  At CNC, we strive to foster a campus community characterized by accountability, respect, inclusivity, and safety. We expect integrity, academic honesty, and respectful behavior from students, faculty and staff, trusting that they will conduct themselves accordingly in all aspects of campus life.
  CNC students are expected to adhere to the respective Codes of Conduct at all partner institutions, including but not limited to the following:
  - CNC Academic Conduct Policy
  - CNC (Non-Academic) Conduct Policy
  - CNC Student Complaint Resolution Policy
  - CNC Student Sexual Misconduct Policy

You are encouraged to visit CNC's Policy Webpage for a comprehensive list of CNC policies and procedures.