

SELF - DECLARATION FORM

Health Care Assistant Program

I, _____ do solemnly and
name of applicant

sincerely declare that:

(1) I have been educated in an English -speaking _____ the following
acceptable countries for a minimum of seven (7) years:

- | | | |
|----------------|---------------------|--------------------------|
| American Samoa | Mauritius | Uganda |
| Anguilla | Montserrat | United Kingdom |
| Antigua | New Zealand | (England, Scotland, |
| Australia | Seychelles | Wales, and Northern |
| Bahamas | Singapore | Ireland) |
| Barbados | South Africa | United States of America |
| | St. Kitts and Nevis | (USA) |
| Guyana | St. Lucia | US Virgin Islands |
| Irish Republic | St. Vincent | |
| Jamaica | Trinidad and Tobago | |
| Kenya | Turks and Caico | |
| Malta | Islands | |

*Applicants educated in Quebec at an institution where the language of instruction was not English, must meet the current English Language proficiency requirements.

(2) I was educated in _____
name of country

(3) I will provide evidence** of either of the following:

- a. English 11 or an acceptable equivalent
- b. Acceptable English Language proficiency test score.

I fully understand the above, and I make this solemn declaration and the subject to the penalties provided by Douglas College and the BC Care Aide and Community Health Worker Registry for making false statements, conscientiously believing the statements contained in the declaration to be true in every particular.

I understand that any incorrect information may result in refusal of my applica 462236e5061 0 0 1 462.5

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