



# VCC Health Care Assistant Program English Competency Declaration

**Broadway campus**  
1155 East Broadway,  
Vancouver, B.C. V5T 4V5  
[vcc.ca/health](http://vcc.ca/health)

All applicants are asked to provide the information in this document as part of their admission to a recognized British Columbia Health Care Assistant Program. This form will be kept in the student file and may be supplied to the Registry upon request.

## Personal information

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Student ID

Applicant Name: \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

### Check the one statement that applies to you:

- I have been educated in an English-speaking environment (in one of the approved English-speaking countries) for a **minimum of three years** at the secondary (grade 8 or higher) and/or post-secondary level.
- I have been educated in an English-speaking environment (in one of the approved English-speaking countries) for **less than three years** at the secondary (grade 8 or higher) and/or post-secondary level.
- I have not been educated in an English-speaking environment (in one of the approved English-speaking countries).

### Approved English-speaking countries

- American Samoa
- Anguilla
- Antigua and Barbuda
- Australia
- Bahamas
- Barbados
- Belize
- Bermuda
- Botswana
- British Virgin Islands
- Canada\*
- Cayman Islands
- Dominica
- Falkland Islands
- Fiji
- Gambia
- Ghana
- Gibraltar
- Grenada
- Guam
- Guyana
- Ireland
- Jamaica
- Kenya
- Lesotho
- Liberia
- Malta
- Mauritius
- Montserrat
- New Zealand
- Nigeria
- Seychelles
- Sierra Leone
- Singapore
- South Africa
- St. Helena
- St. Kitts and Nevis
- St. Lucia
- St. Vincent & the Grenadines
- Tanzania
- Trinidad and Tobago
- Turks and Caicos Islands
- Uganda
- United Kingdom
- United States of America (USA)
- US Virgin Islands
- Zambia
- Zimbabwe

\*Applicants educated in Quebec at an institution where the language of instruction was not English, must provide evidence of external English language proficiency testing.

### Past education

Name of school/institution	Province, Country	Start date	Date completed
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY
		DD/MM/YYYY	DD/MM/YYYY

### Applicant declaration

Student Acknowledgement: Any supplemental information provided by me is true to the best of my knowledge.

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

Personal information provided for the purposes of releasing information to a third party is collected, protected, used, disclosed and retained in compliance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use and disclosure of your personal information by VCC or the use of this form, please contact the Registrar's Office, Vancouver Community College, 1155 East Broadway, Vancouver, B.C. V5T 4V5; 604.871.7000.