

EARLY CHILDHOOD EDUCATION PROGRAM

APPLICATION FOR ADMISSION

Post Basic Program

(to be completed by applicant)

Legal Name: _____

Preferred Name: _____

Address: _____ Telephone: (home) _____

City: _____ (work) _____

Postal Code: _____ Cell Phone: _____

Marital Status: _____ email: _____

Children: _____ Ages: _____

Fluency in English (please check):

Spoken: _____ Written: _____ Other Languages: _____

Educational Background:

High School: Location _____ Year Graduated: _____

Post Secondary:

Name of Institution/Program	Years of Attendance	Degrees/Certificates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other relevant training or non-credit courses (e.g. personal development, leadership training, parenting courses, courses related to young children).

	Years of Attendance
_____	_____
_____	_____
_____	_____

General Work Experience:

Employer	Type of Work	Years Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience with Children (Paid or Volunteer)

<u>Employer</u>	<u>Type of Work</u>	<u>Ages of Children</u>	<u>Years Employed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Interests and Experience that might be relevant to working with young children. (e.g. hobbies, travel, leisure activities, etc.)

References:

Please list the names of three people that could be contacted to recommend you as a suitable candidate for this program.

Name & Position	Address	Phone No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please include with your application:

1. Copy of licence from Victoria
2. Copy of Basic ECE transcript.

Are you interested in: Special Needs _____ Infant Toddler _____ Both _____

Mail Application to:
Early Childhood Education Program
Adult & Continuing Education
5325 Kincaid Street
Burnaby BC
V5G 1W2

Signature

Date