

EARLY CHILDHOOD EDUCATION PROGRAM Post Basic Program APPLICATION FOR ADMISSION

Please indicate by <u>number in order of choice</u> which program you are applying for:

| () Infant & Toddler | () Special Needs | () Both | | |
|---|---|---|--|--|
| Legal Name: | | | | |
| Preferred Name: | | | | |
| Address: | Tele | Telephone: (home) | | |
| City: | | (work) | | |
| Postal Code: | | | | |
| Email: | | | | |
| Do you have children?: | Age | s: | | |
| Educational Background: Basic ECE: School: | Υ | ear graduated: | | |
| Other Post Secondary Instituti Name of Institution/Program | Years of Attendance | | | |
| | edit courses (e.g. personal developme ed to young children.) | nt, leadership training, Duration and Year | | |
| Work Experience with Children | | nteer) Ages of Years <u>Children Employed</u> | | |
| | | | | |



5325 Kincald Street, Burnaby, BC V5G 1W2 • 604-296-6901 • burnabycce.ca

| General Work Experience: Employer | Type of Work | Years Employed |
|--------------------------------------|--------------|----------------|
| | | |
| | | |

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

References :

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

| | Name & Position | Address | Phone No. |
|---|-----------------|---------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Checklist of documents to be submitted with this application:

- () Copy of ECE license
- () Copy of Basic ECE transcript
- () Proof of completion of English 12 or Communications 12 with a C+ OR
- () Will write or has written an English test with Burnaby Continuing Education.

Once this application is submitted you will be contacted for the English test if you have yet to take it.

Mail Application to:

Early Childhood Education Program Adult & continuing Education 5325 Kincaid Street Burnaby, B.C. V5G 1W2

| Signature | e |
|-----------|---|
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