



**EARLY CHILDHOOD EDUCATION – POST BASIC DIPLOMA**

**APPLICATION FOR ADMISSION** (revised 2018-11-28)

Please indicate by number in order of choice which program you are applying for:

- ( ) **Infant & Toddler** ... select program start: ( ) January ( ) September
- ( ) **Inclusive Practices** ... select program start: ( ) January ( ) September

Legal Name:

Date of Birth:

Month

Day

Year

Address:

Telephone:

City:

Postal Code:

Email: (print clearly)

**Educational Background:**

Basic ECE:

School:

Year graduated:

**Other Post Secondary Institutions:**

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)

Duration and Year

**Employment or Volunteer Experience with Children and Families**

Employer

Type of Work

Ages of  
Children

Years  
Employed

**General Work Experience:**

Employer

Type of Work

Years

**References:**

Please list the names of three references that could be contacted to recommend you as a suitable candidate for this program. In addition, submit their signed reference letter.

**Name & Position**

**Phone No.**

1.

2.

3.

**Checklist of documents to be submitted with this application:**

- ( ) Copy of ECE certificate to practice (licence)
- ( ) Copy of ECE Basic transcript, certificate and another documents relevant to ECE Basic training
- ( ) Copy of valid First Aid certificate
- ( ) Two page autobiography (include your ECE philosophy, image of the child, values, interests and the reasons for choosing to care and educate young children in inclusive and multiage childcare settings)
- ( ) Proof of completion of English 12 or Communications 12 with a C+ **OR** will write or has written an English test with BCCE
- ( ) 3 signed references; at least one should be from past employment/study
- ( ) Completed form for Consent to a Criminal Record Check (must use form from BCCE)
- ( ) Completed form for ECE Student Medical Examination - Physician's Report (must use form from BCCE)
- ( ) Submit the ECE Post Basic Application Fee \$30 (waived for returning BCCE students - within 5 years)

**How to submit the application form and application fee:**

Email: [ece@burnabyschools.ca](mailto:ece@burnabyschools.ca) and pay ECE Post Basic Application Fee at [www.burnabycece.ca](http://www.burnabycece.ca) Course Code 4000 **OR** in person to Burnaby Continuing Education, 5325 Kincaid St, Burnaby V5G 1W2.

Once this application is submitted, you will be contacted for an interview and English test if required.

Signature

Date