

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

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

- English 11 or an acceptable equivalent
- 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