

HCA Program English Competency Self-declaration Form

Please fill out this form and upload it to your student file on Omnivox Admission.

Applicants to the Educacentre College Health Care Assistant Program must meet the HCA Program English Language Competency Requirements set by the BC Care Aide Registry.

Applicant Name: _____ Date: _____

1. Please confirm the following statements with a yes or no response:

I have been educated in an English-speaking environment (in a listed country)* for seven years or more.

YES NO

I have been educated in an English-speaking environment (in a listed country)* for three consecutive years at the secondary (high school) level or above.

YES NO

***Countries with English language systems / institutions (where English is a primary, official language and the language used for education)**

American Samoa	Dominica Mauritius	Uganda
Anguilla	Falkland Islands	Montserrat United Kingdom
Antigua	Fiji	New Zealand (England, Scotland
Australia	Ghana	Seychelles Wales, and Northern
Bahamas	Grenada	Singapore Ireland)
Barbados	Guam	South Africa United States of America
Belize	Guyana	St. Kitts and Nevis (USA)

Bermuda	Irish	Republic St. Lucia US Virgin Islands
Republic St. Lucia US Virgin Islands	Jamaica	St. Vincent
Cayman Island	Kenya	Trinidad and Tobago
Canada*	Malta	Turks and Caicos Islands

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

2. Complete the table below. Please provide all details on your education history as per the example provided.

Years Attended	School Name, City, Province, Country and Grades Completed / Credential Received
<i>Example: 1990-1998 1998-2003 2003-2004</i>	<i>Jackson Elementary School, Vancouver, BC, Canada, Completed Grades K – 7 Windermere High School, Vancouver, BC, Canada, Completed Grades 8 –12 Awarded High School Diploma Semiahmoo College, Surrey, BC, Canada, Completed Office Assistant Certificate Program</i>
Years Attended	School Name, City, Province, Country and Grades Completed / Credential Received

3. Applicant Declaration

I, _____ (name of applicant), declare the information provided in this form to be true and accurate.

Signature: _____ Date: _____

For Office Use

Follow Up Admissions Evidence Required from Applicant:

- First Language is English - Evidence of English 10 or equivalent is required. Outline evidence provided.

- First Language is not English - English Language Proficiency test score is required. Outline evidence provided.

Administrator Name/Reviewed by: _____ Signature: _____ *

Date: _____

*I confirm that the evidence provided is in alignment with the [BC Health Care Assistant \(HCA\) Programs English Language Competency Requirements](#)