

## Health Care Aide Program

### APPLICATION

*Tansi,*

Thank you for your interest in the Health Care Aide Program at University nuhelot'jine thaiyots'j nistameyimâkanak Blue Quills. This eight month certificate program provides you with the knowledge necessary to complete the provincial health care aide examination and earn a Health Care Aide license. The curriculum encompasses both Indigenous wisdom and western theory.

#### **THE APPLICATION PROCESS**

The application process is detailed and will require the commitment of a significant amount of your personal time and effort. The completion of each of the components of this admission package is integral to ensuring that your application will be processed in an effective manner.

Applicants are encouraged to submit the following documents **by the funding deadlines set by their sponsor**, although later submission can still be considered for admission.

- ✓ Blue Quills Application Form
- ✓ Official High School Transcripts;
- ✓ Official Post-Secondary Transcripts, if applicable;
- ✓ Accuplacer Testing (if necessary contact the Librarian to schedule an appointment)
- ✓ Personal Written Statement (Your interest in the program)
- ✓ Current Resume
- ✓ Two letters of Recommendation

### PROGRAM APPLICATION CHECKLIST

I have:

- Ordered my official high school transcripts from Alberta Education \_\_\_\_\_  
(Order forms may be obtained from the Registrar's office or on-line at:  
<https://education.alberta.ca/transcripts/how-to-order/>  
There is a \$10 fee to process transcripts.  
Applicants are responsible for requesting transcripts and fee payment)
  - Ordered my official post-secondary education transcripts from all \_\_\_\_\_  
post-secondary institutions that I have attended
  - Completed Accuplacer Testing \_\_\_\_\_  
(Appointment for Testing if necessary - contact the Librarian)
  - Attached a completed copy of my Personal Written Statement. \_\_\_\_\_
  - Current Resume \_\_\_\_\_
  - Two letters of Recommendation/references, \_\_\_\_\_
- And,
- Personal interview completed with Team Lead. \_\_\_\_\_  
(Date and name of faculty \_\_\_\_\_)

If you have any questions about the application procedure, please contact the Registrar at (780) 645-4455 or 1-888-645-4455 or mail to:

Registrar's Office  
University nuhelot'ine thaiyots'j nistameyimâkanak Blue Quills  
Box 279, St. Paul, AB. T0A 3A0

## APPLICATION PACKAGE

### **Personal Written Statement**

Please answer the following questions in paragraph format:  
(double spaced word-processed responses are preferred)

1. Please describe your interest for pursuing a career in the Health Care Aide program.
2. Please describe your reasons for wishing to complete your health care aide certificate within a program that possesses an Indigenous cultural foundation.
3. Please identify and describe those skills and experiences that you believe indicate your personal suitability to the field of a Health Care Aide worker.
4. Leading a healthy lifestyle is an essential requirement. Please describe your plans for ensuring that the following elements of your life will be addressed in a healthy manner throughout the duration of your studies.
  - Potential life challenges
  - Family and community commitments
  - Spiritual needs
  - Academic responsibilities
  - Financial considerations



---

Ph: 780.645.4455 Fx: 780.645-5215 www.bluequills.ca  
Treaty Six Territory Box 279 St Paul Alberta Canada T0A 3A0

## Certificate in Health Care Aide Program

### Application Package – Confirmation of Reference Requests

I have provided the following three individuals with a copy of the Reference Form and they have agreed to send the completed form to the attention of the Registrar at University nuhelot'jine thaiyots'j nistameyimâkanak Blue Quills by mail or fax.

Reference #1: \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

Reference # 2: \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

Mail: Registrar  
University nuhelot'jine thaiyots'j nistameyimâkanak Blue Quills  
Box 279, St. Paul, AB T0A 3A0

phone: 645-4455 or 1-888-645-4455  
fax: 780-645-4730



# APPLICATION FOR ADMISSION

**SPECIFY PROGRAM YOU ARE APPLYING FOR:** \_\_\_\_\_

Program Start Date: Fall ☐ Year: \_\_\_\_\_ Winter ☐ Year: \_\_\_\_\_ Spring ☐ Year: \_\_\_\_\_ Full-time ☐ Part-time ☐

**Have you previously applied to or, attended University nuhelot'ine thaiyots'į nistameyimâkanak Blue Quills?**

☐ No ☐ Yes Program: \_\_\_\_\_ Year: \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Previous Surname (if Applicable): \_\_\_\_\_  
First Middle Last

Gender: Male ☐ Female ☐ Other ☐ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIN # \_\_\_\_-\_\_\_\_-\_\_\_\_  
month day year (Required)

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_-\_\_\_\_

Telephone \_\_\_\_\_ (Cell) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Contact Person in case of Emergency: \_\_\_\_\_ Contact's Phone #: \_\_\_\_\_

Status: ☐ Treaty ☐ Non-Status ☐ Metis ☐ Other Band Name \_\_\_\_\_ Treaty/Metis # \_\_\_\_\_

## FORMAL EDUCATION HISTORY

Name of High School (list most recent first)	Province/State/Country	Grade Completed	From mm/yyyy	To mm/yyyy

Name of Post-Secondary Institution	Province/State/ Country	From mm/yyyy	To mm/yyyy	Diploma/Degree/Credential Earned	Date Conferred

### FINANCIAL ASSISTANCE

MY TUITION WILL BE PAID BY: ☐ SELF ☐ SPONSOR

Sponsor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code \_\_\_\_-\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ext: \_\_\_\_\_

### (For Office Use Only)

**BQ ID #:** \_\_\_\_\_

**Receipt #:** \_\_\_\_\_

**Cheque #:** \_\_\_\_\_

### NOTE:

Certified Cheque or Money Order should be made payable to "University nuhelot'ine thaiyots'į nistameyimâkanak Blue Quills". Fees must be paid at the time of registration. Sponsored students must provide proof of sponsorship when registering.

### FEE ASSESSMENT

(Non-refundable)

**Application Fee \$100.00** Date Paid \_\_\_\_\_

Cash ☐ Certified Cheque ☐ E-transfer ☐  
Money Order ☐ Credit Card ☐

## DECLARATION

The information I have provided is true and complete in all aspects. I understand that the personal information collected on this form will be maintained as part of a student record and will be used for the purpose of admission, registration, and for operating the programs and activities of the University. I further understand that the University will ensure the protection of personal information against such risks as unauthorized access, collection, use, disclosure or destruction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typing your name works as your signature.

Box 279, St. Paul, AB T0A-3A0

Toll Free 1-888-645-4455 or (780) 645-4455 \* Main Fax: (780) 645-5215 Registrar's Fax: 780-645-4730

E-mail: registrar@bluequills.ca Visit us at: www.bluequills.ca