

Advanced Certificate Return to Work Standard Admission Application Portfolio

1. Personal Details

Name: Address:

City:				
Province:				
Postal code:				
Country:				
Landline Phone:				
Cell Phone:				
Email Address:				
Date of Birth:				
Gender:	<u> </u>			
Current Employme	ent (if applicable):			
Specialized	Support Services			
ABC	RIGINAL STUDENT			DISABILITY SERVICES INFORMATION
Do you identify yo	ourself as an	YES		Check this box if you would like
Aboriginal Person				·
Select one or mor	e of the three options t	that best		information on Disability Services sent
describe your Abo	riginal Identity			to you
First Nations	Metis 🗆 Inc	uit 🗌		
2. Personal Pro The maximu	file m word count for each	section is 1	00 wo	rds
Section 1: Profess	sional Development			
How do you en	vision that the ACRTW	will enhance	your	prospects in your chosen career?

Personal Profile (Continued)

Section 2: Personal Development
In what ways do you believe the ACRTW will contribute to your personal development goals?
Section 3: Workplace or Community Contribution
What skills and knowledge do you hope to acquire through the ACRTW to assist you in making a
positive contribution to your workplace or community?
Section 4: Additional Supporting Information
If you wish, you can provide other information about how the ACRTW program would be of benefit
to you in this section.

3. Evidence of Proficiency in English

(To be completed by international students only)

a.	4 consecutive years in secondary English in an English speaking country	
b.	BC English Literature 12 or Canadian equivalent	
c.	Completed international baccalaureate	
d.	A degree or diploma from a post secondary institution in an English speaking country	
e.	First year of Canadian university English with a grade letter of C or better	
f.	Canadian Academic English Language Assessment (CAEL) at level 60 or higher	
g.	International English Language Testing System (IELTS) at level 6.5 or higher	
h.	Michigan English Language Assessment Battery (MELAB) at level 80 or higher	
i.	Test of English as a Foreign Language (TOEFL) internet at level 83 or higher	
j.	Test of English as a Foreign Language (TOEFL) paper test at level 50 in each category	

4. Academic Profile

Institution	Degree or Diploma	GPA or		
(Date from – Date to)	Awarded	Final		
		Grade		
An Official Transcript for an u	ndergraduate or postgraduate degree must accompany t	this application,		
otherwise it will be deemed incomplete. Please indicate the type of transcript that you are submitting in support of your application.				
I will organize for an official transcript of my undergraduate degree to be				
forwarded to PCU-WHS				
I will organize for an official tr				
forwarded to PCU-WHS				

5. Profile of Work Experience Relevant to Workplace Health Sciences

Date (From – To)	Employing organization and your title	Summary of Activities Related to Workplace Health			

6. Training and Professional Development Relevant to Workplace Health Sciences

Provide details of accredited training and professional development courses that you have completed relevant to workplace health sciences

Title of Course	Hours of Instruction	Name of Training Educational Provider			Type of Certificate Achieved	Date of Completion	
At least one of the options k	pelow must be	selected:				<u> </u>	
I will submit copies of my certificates to PCU-WHS by			Mail		Electronically		
Membership in Pro	ofessional B	odies					