



**I am applying for:**      Part-Time BDM      Full-Time BDM

Name:		
Address:		
City:		
Province:		
Postal code:		
Country:		
Landline Phone:		
Cell Phone:		
Email Address:		
Date of Birth:		
Gender:		
Current Employment (if applicable):		

ABORIGINAL STUDENT						DISABILITY SERVICES INFORMATION	
Do you identify yourself as an Aboriginal Person				YES		Check this box if you would like information on Disability Services sent to you	
				NO			
Select one or more of the three options that best describe your Aboriginal Identity							
First Nations		Metis		Inuit			

The maximum word count for each section is 100 words

How do you envision that the BDM will enhance your prospects in your chosen career?

[illegible]

## Personal Profile (Continued)

### Section 2: Personal Development

In what ways do you believe the BDM will contribute to your personal development goals?

### Section 3: Workplace or Community Contribution

What skills and knowledge do you hope to acquire through the BDM 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 BDM 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 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

#### Secondary Education

Date of graduation at an equivalent level to Canadian High School grade 12:			
Name and Contact Details of the secondary institution of graduation			
Name:			
Address:			
Phone:		Email:	
Indicate the highest grade level at which you graduated in the following subjects:			
English/Language Arts:			
Mathematics:			
Science:			

#### Post Secondary Education

Provide details of all post-secondary education that you have completed			
Title of Program	Qualification Awarded	Name of Institution	Date of Graduation

### Training and Professional Development

Provide details of all accredited training and professional development courses that you have completed				
Title of Course	Hours of Instruction	Name of Training/Educational Provider	Type of Certificate Achieved	Date of Completion

At least one of the options below must be selected:

I will submit copies of my certificates to PCU-WHS by:	Mail			Electronically	
I will organize for an Official Transcript of secondary education studies to be forwarded to PCU-WHS	Yes		No		
I will organize for an Official Transcript of post-secondary education studies to be forwarded to PCU-WHS	Yes		No		

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_