

WDA Grant - Scholarship Application Form 2023

Date of application:			INTERNAL USE ONLY Date application received by PCU-WHS:			
	F					
City:		Province:	BC	Postal Code:		
Tel:		Fax:				
Email:						
Date of Bi	rth:					
Gender:						
Citizensh	ip and Residency					
Canadian	Citizen: Yes 🗆 No 🗆 Landed	Immigrant:	Yes 🗆 N	o 🗆		
Other (ple	ase specify):					
BC Reside	ent (proof of residency may be requeste	ed): Yes	🗆 No 🗆			
Specializ	ed Support Services					
•	s box if you would like information on D	isahility Sei	rvices sent	to vou: Yes □		
	entify as an Aboriginal person? Yes \Box	Bability Cel				
		1				
First Natio	e or more of the three options that best ons: Métis: Inuit:	describe yo	our Aborigi	nal identity:		
i iist maiic						
Evidence	of Proficiency in English (To be comp	oleted by app	olicant whos	e first language is not English))	
a.	4 consecutive years in secondary English in	n an English	-speaking co	ountry		
b.	BC English Literature 12 or Canadian equiv	valent				
с.	Completed international baccalaureate					
d.	A degree or diploma from a post secondary	/ institution ir	n an English	-speaking country		
e.	First year of Canadian university English w	ith a grade o	f C or better			
f.	Canadian Academic English Language Ass	sessment (C	AEL) at leve	l 60 or higher		
g.	International English Language Testing Sys	stem (IELTS) at level 6.5	or higher		

Test of English as a Foreign Language (TOEFL) internet test at level 83 or higher
 Test of English as a Foreign Language (TOEFL) paper test at level 50 in each category

Michigan English Language Assessment Battery (MELAB) at level 80 or higher

Post Secondary Education (if any; Official transcripts will be required)

Title of Program Credential awarded		Granting Institution	Date of graduation	GPA

I have: current CRTWC designation current CDMP designation

h.

completed the DM Practitioner Certificate Program competed the NIDMAR Online RTW Coordinator program

* National Institute of Disability Management and Research®

Work Experience

Please indicate previous work experience (please include Letters of Attestation for two work experience periods):

Dates From To		Job Title	Employing Organisation		

If you are you currently employed please complete information below:

		Organization	Information		
Name of organization:					
Address if different from					
Title of applicant:					
				I	
Type of business:			•		
Type of business (indu					
Number of employees:					
Does your organization	i have a disab	ility management	program?	Yes 🗆	No 🗆
Does your organization	have more th	an one location i	n BC?	Yes 🗆	No 🗆
If so, is your disability n	nanagement p	orogram administe	ered centrally?	Yes 🗆	No 🗆

Scholarship Information

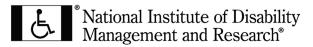


The Scholarship for the Bachelor of Disability Management (BDM) program will be administered by the Pacific Coast University for Workplace Health Sciences (PCU-WHS).

The BDM is a degree with an applied focus that provides graduates with the knowledge, skills and competencies to assist absent workers to return to work and also to assist employing organizations, service providers and insurers in the public, private and not for profit sectors to introduce and operate cost-effective and responsive disability management and return to work programs. Details regarding the program can be found at: https://www.pcu-whs.ca/programs/bdm/

The degree is comprised of 120 credits. Scholarship applicants must qualify for Admission Directly into Year 3 (i.e., the 2+2 BDM program):

- with 60 transferrable credits (i.e., having completed a two-year diploma or other educational prerequisites from recognized educational institutions in a range of disciplines;
 OR
- on the basis of Prior Learning Assessment and Recognition (PLAR).



Preferred domains of previous study include:

- Human Resources
- Occupational Health and Safety
- Healthcare
- Business
- Social Work

There are two options available for application in the Scholarship program:

- The full-time, two-year 2+2 BDM program, to achieve the BDM bachelor degree in two years, for those who are not currently working.
- The part-time, four-year 2+2 BDM program, to achieve the BDM bachelor degree in four years, for those who are currently working.

Entrance requirements into the 2+2 BDM program for both pathways described above are the same.

BC residents are eligible for the scholarship as follows:

- \$6,500 per year for each of two years, which covers most of the tuition costs, for the full-time, two-year 2+2 BDM program, for those who are not currently working. The applicant must be prepared to participate in the online 2+2 BDM program on a full-time basis for two years.
- \$3,250 per year for the first two years only, which covers most of the tuition costs for the first two years only of the part-time, four-year 2+2 BDM program, for those who are currently working. The applicant must be prepared to participate in the online 2+2 BDM program on a part-time basis for four years.

The percentage of tuition costs that the annual scholarship covers will be contingent on the number of transfer credits with which prospective students enter the program.

Please advise under which program you are planning to apply:

2-year full time program \Box 4-year part-time program \Box

Please advise the type of admission for your application:

Flexible Admission to 2+2 BDM, based on a combination of post-secondary education and 5-10 years of work experience in a relevant field *(please complete page 4)*

Admission Directly into Year 3 for applicants who have graduated with an associate degree, 2-year diploma, or other relevant educational prerequisite which provides 60 transferable academic credits

Declaration:

Please indicate below that you:	Ye	S	No
Are committed to full-time studies for two years for the full-time option			
Are committed to part-time studies for four years for the part-time option			
Have access to computer, high-speed internet, and audio and video			
Are willing to attend an online interview			
Have included 2 Work Experience Letters of Attestation with your application if applicable			
Have included official transcripts for post-secondary education			
I confirm that the information given in this form is true, complete and accurate.			
Signature	Date		

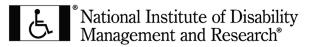
Please complete and submit form as follows:

By email to: <u>education@pcu-whs.ca</u>

By mail to:

WDA Grant Scholarship Office of the Registrar Pacific Coast University for Workplace Health Sciences 4755 Cherry Creek Road Port Alberni, BC V9Y 0A7

This initiative is made possible by the Province of British Columbia



This page is to be completed by applicants applying under flexible admission to the 2+2 BDM program on the basis of Prior Learning Assessment and Recognition (PLAR).

Applicants with 60 transferrable credits should not apply under flexible admission.

A combination of professional experience and career education will be assessed under Flexible Admission policy on a case-by-case basis. Applicants under Flexible Admission should have a minimum of 5-10 years of relevant experience in a related field.

The cost of a Prior Learning Assessment and Recognition (PLAR) review for Flexible Admission (\$400) is not covered by the Scholarship.

Flexible Admission Section 1: Workplace or Community Contribution

Describe relevant contributions (if any) that you have made to the field of disability management. This may include publications, reports, presentations, or other life/work experiences.

Flexible Admission Section 2: Secondary Education (if any)

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:								

<u>Flexible Admission Section 3</u>: Training and Professional Development (attach separate page if needed)

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			
Select appropriate options below:							
I will submit copies of my certificates to PCU-WHS by: Mail Electronically							

Flexible Admission Section 4: Resume and transcript

I will provide a copy of my CV/Resume and cover letter to PCU-WHS.	Yes	No
I will organize for an Official Transcript of secondary and/ or post- secondary education studies to be forwarded to PCU-WHS, as applicable.	Yes	No