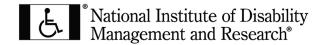


WDA Grant - Scholarship Application Form 2024

Date of application:		INTERNAL USE ONLY Date application received by PCU-WHS:				
Name:						
Address:						
City:				Po	ostal Code:	
Tel:						
Email:						
Date of Birth:						
Gender:						
Citizenship and Residency Canadian Citizen: Yes \(\) No \(\) Other (please specify): BC Resident (proof of residency) Specialized Support Services Check this box if you would like Do you identify as an Aboriginal Select one or more of the three First Nations: \(\) Métis: Evidence of Proficiency in Er	y may be requested as a sinformation on D I person? Yes D options that best D Inuit:	ed): Yes [Disability Serent describe yes	□ No □	nt to you	u: Yes □ entity:	
a. 4 consecutive years in	secondary English	in an English	speaking	country		
b. BC English Literature 1	2 or Canadian equi	ivalent				
c. Completed international	c. Completed international baccalaureate					
d. A degree or diploma from					ring country	
e. First year of Canadian						
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						
 Michigan English Language Assessment Battery (MELAB) at level 80 or higher Test of English as a Foreign Language (TOEFL) internet test at level 83 or higher 						
j. Test of English as a Foreign Language (TOEFL) paper test at level 50 in each category						
Post Secondary Education (if any						
Title of Program Crede	ntial awarded	Granti	ng Institut	ion	Date of graduation GPA	

I have: current CRTWC designation current CDMP designation

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



Work Experience

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

Dates		Job Title	Employing Organization		
From	То	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:						
Type of business:	Private □	Public □	Not for profit □]		
Type of business (indus	stry sector):					
Number of employees:						
Does your organization	have a disabil	ity management	program?	Yes □	No □	
Does your organization	have more that	an one location ir	n BC?	Yes □	No □	
If so, is your disability m	nanagement pi	ogram 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:

- Full-time study in the 2+2 BDM program, to achieve the BDM bachelor degree in two years, for those who are not currently working.
- Part-time study in the 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:

- Full-time study: \$6,500 per year for two years, which covers most of the tuition costs to complete the 2+2 BDM program in two years, 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.
- Part-time study: \$3,250 per year for the first three years only, which covers most of the tuition costs for the first three years only of four years of part-time study in the 2+2 BDM program, for those who are currently working full-time. 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 schedule/classification you are planning to apply: 2 years full-time study □

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 ordered official transcripts for post-secondary education if applicable					
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: education@pcu-whs.ca 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 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.

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.						
may menade publicat	, гороно, ргос		Сохронон			
		ndary Education (if any)		-		
	· · · · · · · · · · · · · · · · · · ·	vel to Canadian High Schoo		2:		
1	Details of the seco	ndary institution of graduati	on:			
Name:						
Address:						
		1 1				
Phone:		Email:				
		ch you graduated in the follo	owing sub	jects:		
English/Language A	rts:					
Mathematics:						
Science:						
	Section 3: Train	ing and Professional Dev	elopment	(attach separa	ate page if	
needed)	accredited trainin	g and professional develop	ment cour	ses that you h	ave completed	
FIOVIDE DETAILS OF ALL		Name of				
Title of Course	Hours of Instruction	Training/Educational		of Certificate chieved	Date of Completion	
	Instruction	Provider		Jilleveu	Completion	
Select appropriate options below:						
I will submit copies of my certificates to PCU-WHS by: Mail						
Flexible Admission	Section 4: Resu	me and transcript				
					No	
I will organize for an Official Transcript of secondary and/ or post-						

secondary education studies to be forwarded to PCU-WHS, as applicable.