

Therapeutic Recreation Program

Eligibility Form – Personal Information



Mail to: **Program Advisor, Therapeutic Recreation**
D1040 - 1250 Pinetree Way
Coquitlam, BC
V3B 7X3

Program: Diploma Full-Time Diploma Part-Time Degree Full-Time Degree Part-Time

Student Number: _____

Name: _____
Last First Middle Initial

Address: _____ **City:** _____

Postal Code: _____ **Birth Date:** _____

Phone Numbers: (H) _____ (W) _____ (C) _____

E-mail Address: _____

EDUCATION (last public school or high school attended)

Name of high school: _____ **Location:** _____

Last Grade Completed: _____ **Date:** _____ **Transcript Sent In?** Yes No

Name of College/University 1: _____

Start Date: _____ **End Date:** _____ **Major Area of Study:** _____

Certificate/Diploma/Degree: _____

Name of College/University 2: _____

Start Date: _____ **End Date:** _____ **Major Area of Study:** _____

Certificate/Diploma/Degree: _____

Transcript Sent In? Yes No

Have you applied For Transfer Credit? Yes No

WORK EXPERIENCE (most recent first, please)

Employer: _____

Position: _____ **Start:** _____ **End:** _____

Brief Description of Duties: _____

Employer: _____

Position: _____ **Start:** _____ **End:** _____

Brief Description of Duties: _____

VOLUNTEER EXPERIENCE (most recent first, please)

Agency: _____ **Supervisor:** _____

Start Date: _____ **End Date:** _____ **Hours Per Week:** _____

Position: _____

Brief Description of Duties: _____

Agency: _____ **Supervisor:** _____

Start Date: _____ **End Date:** _____ **Hours Per Week:** _____

Position: _____

Brief Description of Duties: _____

RELATED QUALIFICATIONS

- First Aid, CPR, Food Safe, Swimming, and/or Coaching certificates
* Please include expiry dates of certificates

- Work related upgrading and/or continuing education certificates

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

Please complete and return this form to the Therapeutic Recreation Program,
Faculty of Child, Family and Community Studies.

<p>Mail to: Therapeutic Recreation Program, Douglas College Attention: Rosemarie Bakker, Registrar's Office PO Box 2503 New Westminster, BC Canada V3L 5B2</p>
