



**SELF- DECLARATION FORM**

**Health Care Assistant Program**

I, \_\_\_\_\_ do solemnly and  
*name of applicant*

sincerely declare that:

(1) I have been educated in an English-speaking environment from the following acceptable countries for a minimum of seven (7) years:

- |                        |                  |                     |                          |
|------------------------|------------------|---------------------|--------------------------|
| American Samoa         | Dominica         | Mauritius           | Uganda                   |
| Anguilla               | Falkland Islands | Montserrat          | United Kingdom           |
| Antigua                | Fiji             | New Zealand         | (England, Scotland,      |
| Australia              | Ghana            | Seychelles          | Wales, and Northern      |
| Bahamas                | Grenada          | Singapore           | Ireland)                 |
| Barbados               | Guam             | South Africa        | United States of America |
| Belize                 | Guyana           | St. Kitts and Nevis | (USA)                    |
| Bermuda                | Irish Republic   | St. Lucia           | US Virgin Islands        |
| British Virgin Islands | Jamaica          | St. Vincent         |                          |
| Cayman Island          | Kenya            | Trinidad and Tobago |                          |
| Canada*                | Malta            | Turks and Caico     |                          |
|                        |                  | Islands             |                          |

\*Applicants educated in Quebec at an institution where the language of instruction was not English, must meet the current English Language proficiency requirements.

(2) I was educated in \_\_\_\_\_.  
*name of country*

(3) I will provide evidence\*\* of either of the following:

- a. English 11 or an acceptable equivalent
- b. Acceptable English Language proficiency test score.

I fully understand the above, and I make this solemn declaration and the subject to the penalties provided by Douglas College and the BC Care Aide and Community Health Worker Registry for making false statements, conscientiously believing the statements contained in the declaration to be true in every particular.

**I understand that any incorrect information may result in refusal of my application or if program acceptance has been granted, the expulsion from the Health Care Assistant Program.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*Douglas College reserves the right to require that the applicant take further testing to demonstrate English language competency.