

Therapeutic Recreation Program

Application Form



Mail to: Program Advisor, Therapeutic Recreation
D1040-1250 Pinetree Way
Coquitlam, BC
V3B 7X3
Or by email to: tr@douglascollege.ca

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 Applied Community Studies.

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