

Additional information required for application to the Social Service Worker program. (To be completed in addition to the general Langara College Application form).

Date: _____

STUDENT INFORMATION

Name: _____

Phone: _____

Email: _____

1. Have you ever applied to the Social Service Worker program before?

YES NO If so, in what year? _____

Have you applied for admission to any other Social Service Worker program?

YES NO If yes, state which colleges and the years of application.

2. Are you presently employed? YES NO If yes, where?

Employer: _____

Type of work:

Length of Employment: _____

Can we have your permission to contact your employer or any previous employer for a reference, if we wish? YES NO

3. Previous Employment: List in chronological order (beginning with most recent) the dates of employment, name of employer, and type of work.

| Dates of Employment (MM/YY – MM/YY) | Name of Employer | Type of Work |
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4. Have you done any volunteer work in the social services and/or health fields? If so, please state where, when and the kind of volunteer work you were doing.

5. What makes you interested in taking this program? How far back does this interest go?

6. What kind of things would you hope to find yourself doing as a social service worker after you have completed this program?

7. The Social Service Worker Program is a very demanding full-time course of study requiring attendance at classes and practicum placements from 8:30 a.m. to 4:30 p.m. Monday to Friday, plus reading and assignments in the evenings and on weekends.

Are you prepared to commit to fulfilling these requirements?

YES NO I would like to discuss this with a member of the program faculty.

If you are a student with a disability and require accommodations, please contact Disability Services to schedule an appointment. Please visit <http://www.langara.bc.ca/student-services/disability-services> for information and important deadlines.

8. Please provide a telephone number of a relative or friend who may know your whereabouts in case we cannot reach you to arrange an appointment.

Name: _____ Phone: _____