Social Service Worker Program

SUPPLEMENTAL APPLICATION

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

ngara ID: Date (YYYY/MM/DD):			
STUDENT INFORMATION			
Name:			
Phone:	Email:		
Have you ever applied to the Social Serv Yes No If so, in what year?			
Have you applied for admission to any oth	ıer Social Service Worker proş	gram?	
Yes No If yes, state which college	ges and the years of applicati	on.	
2. Are you presently employed? Yes No If yes, where? Emplo	ver•		
Type of work:			
Type of work.			
Length of employment:			
Can we have your permission to contact y	our employer or any previous	s employer for a reference, if we	wish?
Yes No			
3. Previous Employment: List in chronolog and type of work.	gical order (beginning with m	ost recent) the dates of employr	nent, name of employer,
Employer name	Dates (MM/VV - MM/VV)	Social service related? (Y/N)	Paid/Volunteer
Linployer name		Social service related: (1/14)	r ald, volunteer



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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 am to 4:30 pm 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 Acessibility Services to schedule an appointment. Please visit https://langara.ca/student-services/accessibility-services/index.html 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:
Name: Phone:

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