

English Language Competency SELF-DECLARATION FORM for Health Care Assistant Program

Please complete and return to: info@coastmountaincollege.ca

I, _____ do solemnly and sincerely declare that:
name of applicant

CHOOSE ONE OF THE FOLLOWING:

- I have been educated in an English-speaking environment from the following acceptable countries for a minimum of seven (7) years:
- I have been educated in an English-speaking environment for three (3) consecutive years in secondary and post-secondary education from the following acceptable countries:
- I have not been educated in an English-speaking environment.

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 Caicos Islands	

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

(1) I was educated in _____.
name of country

- (2) I will provide evidence **of either of the following:
- a. English 11 or an acceptable equivalent
 - b. Acceptable English Language proficiency test score to meet BC Care Aid & Community Health Worker Registry requirements

I fully understand the above, and I make this solemn declaration and the subject to the penalties provided by Coast Mountain 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:** _____

CMTN Student ID Number: _____

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