

PERSONAL HISTORY

Graduate Certificate in Child and Youth Mental Health

GENERAL INFORMATION

- Complete and submit this form to Student Services along with all the other documents required for admission into this program.
- A copy of this form may be sent to your Open Learning Faculty Member and the agency where the clinical internship takes place.
- The information you provide on this form is collected under the Thompson Rivers University Act (BC) and will only be used for the sole purposes of admission, consistent with the educational mandate of Thompson Rivers University.
- Direct questions to Student Services by emailing student@tru.ca or phoning 1.800.663.9711 (toll-free in Canada) or 250.852.7000 (Kamloops and International).

I HAVE A TRU STUDENT NUMBER

YES NO

TRU STUDENT NUMBER (9 digits)

PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)

FIRST NAME (legal)

FULL MIDDLE NAME(S) (legal)

PREVIOUS SURNAME (if applicable)

EDUCATION

Post-secondary Institution	Credential	Completion Date

OTHER EDUCATION (including short courses)

Post-secondary Institution	Credential / Courses	Completion Date

EMPLOYMENT HISTORY (include current place of employment)

Employer	Position (and clinical area)	Start Date	End Date

PERSONAL HISTORY

Graduate Certificate in Child and Youth Mental Health

SURNAME (legal)

FIRST NAME (legal)

FULL MIDDLE NAME(S) (legal)

REASON FOR APPLYING TO PROGRAM (state briefly why you are interested in child and youth mental health)

STUDY METHODS

Have you taken a distance course? YES NO

If yes, did you successfully complete the course? YES NO

CLINICAL AGENCY PREFERENCE (for Clinical Internship course)

While clinical placement cannot be guaranteed, at which clinical agency would you prefer your clinical internship to take place?

NAME _____ LOCATION _____

Which hospital is nearest to your residence? HOSPITAL NAME _____

Every student accepted for registration with Thompson Rivers University, Open Learning will be deemed to have agreed to be bound by the regulations and policies of the University and of the program, if applicable, in which that student is enrolled, including cancellation, withdrawal, fee penalties, possible refunds, student conduct and grading.

I hereby certify that the information I have submitted on this form is true and correct. Completion of this signed form permits Thompson Rivers University, Open Learning to request and/or confirm any information necessary to support my registration. Falsification of any documents or information submitted will result in the immediate cancellation of registration at Thompson Rivers University, Open Learning, and this information will be shared with other educational institutions. In signing this form, I understand that the information collected on this form is collected under the authority of the Thompson Rivers University Act (BC). The information provided will be used for the sole purposes of registration, consistent with the educational mandate of Thompson Rivers University, and may be shared with those educational institutions that offer programs in association with or in collaboration with Thompson Rivers University, Open Learning. Information placed in my student record will be used for the purpose of admission, registration, record keeping, including release to the TRU Foundation and the TRU Alumni Association for use in affinity programs or for a use consistent with these purposes.

STUDENT'S SIGNATURE _____

DATE YY-MM-DD _____