



MANDATORY APPLICANT QUESTIONNAIRE

RADIATION THERAPY, BACHELOR OF SCIENCE

Admissions

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

This form is a program entrance requirement and must be submitted at the time of application.

You must save this form to your computer and upload the completed version to your online application.

The program area will review your responses to ensure they meet the minimum application criteria; please use proper English, grammar, and punctuation.

Please see Radiation Therapy entrance requirements : bcit.ca/programs/radiation-therapy-bachelor-of-science-full-time-8650bsc/#entry

Your BCIT ID Number	Legal First Name (given name)	Legal Last Name (family name)
Email		Phone

TIME COMMITMENT

Are you aware of the amount of class and study time required to succeed in this program, both individually and in groups? (This information is available on the program web page.)

- Yes
- No

COST COMMITMENT

Are you aware of the cost commitment (tuition + books /clinical placements/ materials / tools) of this program? (This information is available on the program web page.)

- Yes
- No

DESCRIBE PROGRAM

In your own words, briefly describe the program you are applying to.

REASONS FOR SELECTING PROGRAM

Discuss the reason you applied to this program and what knowledge, skills and abilities you hope to gain by completing the program.

TYPE OF WORK / SKILLS EXPECTED

In your own words, describe what a Radiation Therapist does.

RELATED EXPERIENCE

Do you have any relevant experience? If yes, what type of experience do you have? (Select all that apply)

- Employment (full-time or part-time)
- Internship, apprenticeship, co-op, work placement
- Volunteer / community service
- Personal hands-on experience
- Previous educational experience (e.g. ACE-IT, related coursework, etc.)
- None of the above

Briefly describe your relevant experience below:

YEARS OF WORK EXPERIENCE

How many years of relevant work experience do you have, paid or unpaid?

- <1 year
- 1-2 years
- 3-4 years
- 5-10 years
- 10+ years

How many years of work experience do you have in general?

- <1 year
- 1-2 years
- 3-4 years
- 5+ years

VOLUNTEER/WORK EXPERIENCE

Describe your roles and responsibilities in one of the following options below:

Option 1: Show a commitment to patient care by completing a minimum of 40 hours of volunteer work in a hospital or care facility -or- by having previous work experience in healthcare or other equivalent experience. Examples of relevant volunteer experience include: senior care homes, community centers (dealing with clients with special needs), hospitals, medical clinics, children's camps, rehabilitation centers, etc. Relevant volunteer experience includes frequent, personal interactions with clients or patients requiring special attention.

Option 2: Work experience in which the applicant interacts frequently with members of the public, clients and/or customers. This type of experience builds on problem solving, communications and empathy.

How did your work/volunteer experience help you prepare for this profession?

OUTSTANDING ACCOMPLISHMENTS

Are there any outstanding accomplishments you would like to share? If yes, briefly describe.

ADDITIONAL INFORMATION

Briefly describe any additional information you would like the Admissions Committee to know in considering your application.

DEPARTMENT USE ONLY

Approved By	Signature	Date (DD/MMM/YYYY)
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