



# PRE-ENTRY ASSESSMENT RADIATION THERAPY, BACHELOR OF SCIENCE

School of Health Sciences

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 pre-entry assessment is a requirement for Radiation Therapy, Bachelor of Science. This assessment does not constitute acceptance into the program.

The department will evaluate and send this information back to you for any further explanation needed and feedback on any upgrading or other requirements needed for entry. Please use proper English, grammar and punctuation.

When you decide to apply, you must save this form on your computer and submit along with your online application with any supporting documentation and requirements. NO fee is charged until you officially apply.

**Complete this form and save it as a pdf and email it to: [leanna\\_wong@bcit.ca](mailto:leanna_wong@bcit.ca)**

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

**PLEASE SEE ALL RADIATION THERAPY ENTRANCE REQUIREMENTS: [bcit.ca/programs/radiation-therapy-bachelor-of-science-full-time-8650bsc/#entry](http://bcit.ca/programs/radiation-therapy-bachelor-of-science-full-time-8650bsc/#entry)**

**ENTRANCE REQUIREMENTS CHECKLIST:** Do you have the following:

**73% minimum or equivalent in:**

- English 12
- Biology 12 or ATPH 12

**67% minimum or equivalent in:**

- Physics 12

**Post-Secondary (60% minimum in each):**

- 6.0 Credits Math (preferably Calculus-based)
- 6.0 Credits Physics (with Physics 12 as pre-requisite - please note BCIT Physics courses do not meet RADT requirements)
- 3.0 Credits English
- 6.0 Credits General Education (also called Liberal Studies)
- Further Biology courses an asset, but not required

## 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

Recommended to apply  Yes  No

Approved By

Signature

Date (DD/MMM/YYYY)

### PRIVACY NOTICE

BCIT collects personal information that you chose to provide through this questionnaire under the authority of section 26 of the Freedom of Information and Protection of Privacy Act (RSBC. 1996, c. 165) and the College and Institute Act, (RSBC. 1996, c.52).

Your personal information is used to assess your eligibility for admission, registration, decisions on your academic status and for other BCIT purposes that are directly related and consistent with BCIT's mandate and its programs and the administration and operation of BCIT pursuant to the College and Institute Act and other applicable legislation.

Some of this personal information may also be disclosed to the BCIT Student Association, the BCIT Alumni Association and the BCIT Foundation. For individuals who are granted awards, BCIT release personal information to award donors and funding agencies. Information on admission, enrollment and academic achievement is disclosed and used for statistical and program research and evaluation purposes by BCIT, other post-secondary educational institutions (in such cases, individual identities are not disclosed) and as required by provincial and federal government authorities or authorized by law.

Questions about the collection, use and disclosure of personal information by BCIT may be directed to the Associate Director, Privacy, 3700 Willingdon Ave., Burnaby, BC V5A 3H2; Tel: 604.432.8508, email: [Cynthia\\_Kent@bcit.ca](mailto:Cynthia_Kent@bcit.ca)

By completing and submitting this questionnaire with your application for admission to BCIT, you consent to the collection, use and disclosure of your personal information as described above.