



MANDATORY APPLICANT QUESTIONNAIRE PROSTHETICS AND ORTHOTICS

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.

Student Name	Student ID Number
	AO

- > This form is a program entrance requirement and submission with your application is mandatory.
- > You must save this form to your computer and upload the completed version to your online application.
- > The program area will evaluate your answers; please use proper English, grammar and punctuation.

DESCRIPTION OF THE PROGRAM

In your own words, describe the program you are applying to, including the type of activities/components involved in the program and the knowledge, skills, and abilities you will acquire.

MOTIVATION FOR SELECTING THE PROGRAM

Describe your motivation for selecting this program.

PERSONAL STRENGTHS

Describe your personal strengths that will help you excel as a student in this program.

CAREER GOALS

Describe your career goals upon completion of this program.

RELATED EXPERIENCE

Fill in the fields below for up to 2 experiences related to the prosthetics and orthotics profession. These may include work or volunteer experiences, and then may be experiences at prosthetic or orthotic clinics or other experiences that in some way relate to the knowledge, skills, or abilities of the prosthetics and orthotics profession.

EXPERIENCE 1 Type of Experience (work/volunteer/etc.)	Start Date	End Date
	Position Title (if applicable)	Company Name
	Total Hours (approximate)	Province

Describe this experience. Reflect on how this experience could relate to the field of prosthetics & orthotics? (knowledge, skills, abilities).

EXPERIENCE 2 Type of Experience (work/volunteer/etc.)	Start Date	End Date
	Position Title (if applicable)	Company Name
	Total Hours (approximate)	Province

Describe this experience. Reflect on how this experience could relate to the field of prosthetics & orthotics? (knowledge, skills, abilities).

TECHNICAL SKILLS

Describe the hand skills you possess that could be useful in the program (prosthetic and orthotic technical skills, use of tools, creative activities or hobbies) .

Skill 1

How is this skill relevant?

Skill 2

How is this skill relevant?

Skill 3

How is this skill relevant?

PROSTHETICS AND ORTHOTICS CLINICAL EXPOSURE

List up to 3 clinics/experiences in the table below. If applicable, they may be the same as described in the previous section.

Clinic Name			
Dates			
Total Hours (approximate)			

Describe your shadowing experience(s) and how it shaped your interest in the prosthetics and orthotics profession?

ADDITIONAL INFORMATION

Briefly discuss any additional information you feel is important for the Admissions Committee to know in considering your application.