

# SOCIAL SERVICE WORKER SUPPLEMENTAL FORM



TRU-OL Admissions  
BC Centre for Open Learning  
805 TRU Way  
Kamloops, BC V2C 0C8  
Fax: 250.371.5960 [truopen.ca](http://truopen.ca)

## AGREEMENT AND CHECKLIST

### SUBMITTING DOCUMENTS AND FEES

- Please read all information carefully and follow instructions as required.
- Use the Application Supplements Checklist on this page to ensure that you submit all required program admission documents by mail to Social Service Worker Certificate Program, Admissions (see above).
- If you are requesting advance credit for courses taken from other institutions, complete the transfer credit section on the TRU-OL Program Admission form and request institutions to forward official transcripts to TRU-OL Admissions.
- Your application cannot be processed until all required documents are received by Student Services.
- The information you provide on these forms is collected under the *Thompson Rivers University Act (BC)* and will only be used for the sole purposes of registration, consistent with the educational mandate of Thompson Rivers University.
- Direct questions to Student Services by email to [student@tru.ca](mailto:student@tru.ca) or by phone to **1.800.663.9711** (toll-free in Canada) or **250.852.7000** (Kamloops and International).

### PROGRAM PREREQUISITES AND PREFERRED START DATE

- Prerequisite requirements described in the current calendar and on the TRU-OL website must be completed before your application for program admission can be processed.

### CRIMINAL RECORD CHECK

Under the BC Ministry of Justice Criminal Records Review Act:

- Registered students in a university or college certificate, diploma, or degree program that has a practicum involving working with children or vulnerable adults are required to consent to a Criminal Record Check.
- Please go to the TRU Social Services Certificate Program website and follow the instructions for submitting your "Consent to a Criminal Record Check" form.

### TRU-OL TO COMPLETE

STUDENT SERVICES

PROGRAM AREA

APPROVAL DATE

TRU-OL USE

### STATEMENT OF UNDERSTANDING/ PERSONAL AGREEMENT

- Some social service agencies offering work placement may require students to complete an additional criminal record check, as outlined in the Criminal Review Act, prior to commencement of employment.
- Some social service agencies offering work placement may require students to have a health certificate prior to commencement of the placement. All students must have medical health insurance coverage. At minimum, it is recommended that all immunizations be up-to-date for the student's own protection.
- Information from this application and the completed Volunteer Work Experience form may be released to potential field placements.
- Information is collected under the Thompson Rivers University Act (BC) and is required for and related to the Social Service Worker Certificate program.
- Personal information provided will be used only for the purpose of admission, administration or evaluation.
- Direct questions about collection and use of this information to Student Services by email to [student@tru.ca](mailto:student@tru.ca) or by phone to **1.800.663.9711** (toll-free in Canada) or **250.852.7000** (Kamloops and International).

**I HAVE READ, UNDERSTAND AND CONSENT TO THESE CONDITIONS.**

Signature of Applicant

APPLICANT'S SURNAME (LEGAL) (PRINT CLEARLY)

FIRST NAME (LEGAL)

FULL MIDDLE NAME(S) (LEGAL)

PHONE NUMBER

DATE (YYYY-MM-DD)

APPLICANT'S EMAIL ADDRESS

### APPLICATION CHECKLIST

Check (✓) items completed/enclosed and submit this page with all required documents to Student Services.

- Agreement and Checklist
- Consent to a Criminal Record Check Form
- Personal Statement
- Résumé
- Answers to Three Situational Questions
- Confirmation of Volunteer Work
- Program Admission Form (includes transfer credit option)

*If you are applying for transfer credit, also submit the following and check (✓) items completed/enclosed.*

- Official Transcript(s) (request the source institution to send to TRU-OL Admissions)
- Transcript Assessment Fee



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## SITUATIONAL QUESTION #1

### INSTRUCTIONS



- Please provide your name and answer any three of the five situational questions. If more space is required, please attach additional pages.
- Your response to each situational question is worth a maximum of 30 marks, divided into Parts A, B and C of 10 marks each (two marks per valid point).
- A minimum three points per each part of the question is required.

APPLICANT'S SURNAME (LEGAL) (PRINT CLEARLY)	
FIRST NAME (LEGAL)	FULL MIDDLE NAME(S) (LEGAL)

## EMPLOYMENT COUNSELLING

You are working in a career centre that provides employment counselling and support to men and women who have been displaced in the resource sectors. You have the application of a 55-year-old male who is functionally illiterate, has spent most of his adult life as a logger and is currently on social assistance.

A. Describe what he may be feeling as he enters your office for support and why.

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B. What are his expectations from you and what are your reactions to those expectations?

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C. How will you prepare for this first meeting with him?

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## SITUATIONAL QUESTION #2

### INSTRUCTIONS



- Please provide your name and answer any three of the five situational questions. If more space is required, please attach additional pages.
- Your response to each situational question is worth a maximum of 30 marks, divided into Parts A, B and C of 10 marks each (two marks per valid point).
- A minimum three points per each part of the question is required.

APPLICANT'S SURNAME (LEGAL) (PRINT CLEARLY)	
FIRST NAME (LEGAL)	FULL MIDDLE NAME(S) (LEGAL)

## ADULT SPECIAL NEEDS WORKER IN A GROUP HOME

You are a group home worker in a home for three mentally and physically challenged adults. Their respective levels of functioning range from fairly independent to moderately dependent. Your client has been having a difficult day—crying a lot, demanding extra attention from staff and refusing to participate in her day program.

A. Describe how you feel about this situation and why.

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B. How could you improve this situation?

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C. What can you do to help yourself cope with demanding clients?

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## SITUATIONAL QUESTION #3

### INSTRUCTIONS



- Please provide your name and answer any three of the five situational questions. If more space is required, please attach additional pages.
- Your response to each situational question is worth a maximum of 30 marks, divided into Parts A, B and C of 10 marks each (two marks per valid point).
- A minimum three points per each part of the question is required.

APPLICANT'S SURNAME (LEGAL) (PRINT CLEARLY)	
FIRST NAME (LEGAL)	FULL MIDDLE NAME(S) (LEGAL)

## TRANSITIONS HOUSE WORKER

You are meeting with one of the residents to discuss their inappropriate behaviour. The 33-year-old female left the premises without permission, which is against house rules. She has a history of abuse, prostitution and theft and is known to have a "short fuse." You are required to provide consequences for her actions.

A. If you were the resident how would you be feeling and why?

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B. How do you feel about this meeting and why?

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C. What is your plan for this meeting?

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## SITUATIONAL QUESTION #4

### INSTRUCTIONS



- Please provide your name and answer any three of the five situational questions. If more space is required, please attach additional pages.
- Your response to each situational question is worth a maximum of 30 marks, divided into Parts A, B and C of 10 marks each (two marks per valid point).
- A minimum three points per each part of the question is required.

APPLICANT'S SURNAME (LEGAL) (PRINT CLEARLY)	
FIRST NAME (LEGAL)	FULL MIDDLE NAME(S) (LEGAL)

## IMMIGRANT AID WORKER

Your supervisor has informed you that a group of refugee claimants from your parents' former home country will soon be arriving at your agency for assistance. From watching the news, you know that, unlike your parents' situation, these people may not be coming to this country for the same reasons. Their background and origins are different from your family's, but you share a common culture and tradition. You have been asked to assist them.

A. List some of your thoughts about this situation.

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B. What do you think are the claimants' thoughts when they see you and why?

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C. What would you enjoy most about this task and why? What would you enjoy least about this task and why?

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## SITUATIONAL QUESTION #5

### INSTRUCTIONS



- Please provide your name and answer any three of the five situational questions. If more space is required, please attach additional pages.
- Your response to each situational question is worth a maximum of 30 marks, divided into Parts A, B and C of 10 marks each (two marks per valid point).
- A minimum three points per each part of the question is required.

APPLICANT'S SURNAME (LEGAL) (PRINT CLEARLY)	
FIRST NAME (LEGAL)	FULL MIDDLE NAME(S) (LEGAL)

## FRIENDSHIP CENTRE WORKER

You have overcome many obstacles and worked very hard to get this job. In particular, you had problems with alcohol and a minor encounter with the law. Through counselling and rehabilitation, you completed your education, went to college and earned a certificate. You enjoy your job and get a great deal of satisfaction from it. It is your day for intake. The woman you are to meet has an alcohol problem and is having difficulties with money and paying her bills.

A. What is your initial reaction when you meet this woman and why?

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B. What challenges might this woman be experiencing?

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C. How would you prepare for or respond to her situation?

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## CONFIRMATION OF VOLUNTEER OR PAID WORK

### INSTRUCTIONS

- Applicants to the Social Service Worker Certificate program are required to have 60 hours of people-oriented volunteer or paid work experience in a social service agency in the previous five years.
- An appropriate staff member at a volunteer agency or company must complete the Confirmation of Volunteer Work form.
- The volunteer workplace must have a supervisor/director/leader to describe the volunteer's level of cooperation and work habits. The volunteer work experience must be people-oriented.
- The volunteer hours may be spent in one or more agencies. The supervisor of each agency must sign the Confirmation of Volunteer or Paid Work, page 8 of Application, as required.
- The applicant submits the completed form(s) with all required documents to TRU-OL Admissions.
- Paid and volunteer experience in the previous five years is considered and reviewed by the TRU-OL program supervisor.

### NOTE TO VOLUNTEER AGENCY/COMPANY:

- The applicant is applying for admission to the TRU-OL Social Service Worker Certificate program. As a prerequisite, it is required that the applicant completes volunteer (or paid) work in a helping capacity.
- Your cooperation in completing this form is appreciated.
- The information you provide on these forms is collected under the Thompson Rivers University Act (BC) and will be used for the sole purposes of registration, consistent with the educational mandate of Thompson Rivers University.
- Direct questions to Student Services by email at [student@tru.ca](mailto:student@tru.ca) or by phone at **1.800.663.9711** (toll-free in Canada) or **250.852.7000** (Kamloops and International).

### EXAMPLES OF VOLUNTEER PLACEMENTS

- Achievement centres and sheltered workshops
- Adoption (support groups)
- Adult day centres
- Advocacy
- AIDS (support groups)
- Alcohol and drug abuse (prevention/ support groups)
- Amnesty International
- Big Brothers and Big Sisters
- Community and recreation centres
- Correctional and rehabilitation services: employment assistance
- Court (orientation, accompaniment for victims)
- Cultural groups (support groups)
- Disabled groups (advocacy, recreation)
- Drop-in centres (senior citizens, mentally disabled)
- Employment counselling
- Extended care facilities
- Friendship centres
- Food banks
- Group homes
- Hospice care
- Hospital helper
- Human rights
- Immigrant services (housing, reception)
- Literacy groups
- Meals on Wheels
- Peer counselling (women, youth)
- Poverty groups
- Street youth (drop-in centres, support groups)
- Victims of crime
- Volunteer tutors
- Women and child abuse (prevention/support groups)

APPLICANT'S SURNAME (LEGAL) (PRINT CLEARLY)	
FIRST NAME (LEGAL)	FULL MIDDLE NAME(S) (LEGAL)

### Confirmation applicant completed appropriate hours

- 60 hours of people oriented volunteer or paid work in a helping capacity

### Rate the applicant's level of cooperation

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### Describe the applicant's work habits and suitability to serve clients in social service agency

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### Additional comments

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*The above information is true and correct to the best of my knowledge.*

FULL NAME (PLEASE PRINT)	
POSITION	
COMPANY/AGENCY	
PHONE NUMBER	DATE (YYYY-MM-DD)
SIGNATURE	