**Last Name: First Name:**

**York Student ID:**

**Email:**

Use only your @yorku.ca email address on your application. Other email addresses may go into a spam filter.

**Phone (H):**

**Phone (Cell):**

**Mailing Address:**

**Department** : PSYC \_\_\_\_\_KINE \_\_\_\_\_KINE (psych as minor/major) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER (please specify)

**Degree Program:** Hons. BA \_\_\_\_ Hons. BSc\_\_\_\_\_ BA (3 year) \_\_\_\_\_

**As a student at York, are you currently:** full-time \_\_\_\_ part time\_\_\_\_

**What year of your degree are you currently in?** 2nd yr \_\_\_\_3rd yr\_\_\_\_4th yr \_\_\_\_

If other, please explain:

**Planned enrollments in summer term courses (list courses and credits):**

**List any courses you are taking in the winter academic term:**

Course Code

Course Title

Course Code

Course Title

Course Code

Course Title

Do you feel that your academic record is a true reflection of your abilities? \_\_\_\_ yes \_\_\_\_no

If no, please explain.

List any relevant education or training not indicated on your transcripts.

Describe any other personal experiences that might be relevant to the field of rehabilitation.

Do you have any exceptional circumstances (e.g. reduced course load, exchange program, etc.) that will prevent you from enrolling in the program this coming September 2015 and finishing the program requirements within the normal two-year time frame?

 \_\_\_\_No\_\_\_\_Yes (please describe why): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rehabilitation and/or Rehabilitation-Related Community Service Experience**

Examples of Rehabilitation experience: tutor for learning-disabled child, care attendant in nursing home, assistant in sports medicine clinic, etc.)

Examples of community service experience: childcare, companion for seniors, recreation counselor for youth, camp counselor, teacher, etc.)

For each work experience listed below, type your responses after the colon and use the amount of space necessary to describe the position and answer the question

Name of Employer or Organization:

Paid or Volunteer?

Period worked (list dates):

Number of months worked:

Description of position (i.e., describe your responsibilities and experience gained):

Number of hours worked each week:

Reason for leaving:

Name of Employer or Organization:

Paid or Volunteer?

Period worked (list dates):

Number of months worked:

Description of position (i.e., describe your responsibilities and experience gained):

Number of hours worked each week:

Reason for leaving:

Name of Employer or Organization:

Paid or Volunteer?

Period worked (list dates):

Number of months worked:

Description of position (i.e., describe your responsibilities and experience gained):

Number of hours worked each week:

Reason for leaving:

Name of Employer or Organization:

Paid or Volunteer?

Period worked (list dates):

Number of months worked:

Description of position (i.e., describe your responsibilities and experience gained):

Number of hours worked each week:

Reason for leaving:

**UNDERSTANDING REHABILITATION**

1. Define Rehabilitation.
2. Discuss some possible challenges and concerns of a person who has a:
3. Physical Disability:
4. Developmental Disability:
5. Emotional Disability:
6. Rehabilitation professionals are guided by the *Interdisciplinary Canadian Code of Ethics for Rehabilitation Professionals*. Why is it important for rehabilitation professionals to have a code of ethics?
7. Briefly describe your professional and career goals.
8. What do you see as your strengths and weaknesses in relation to working in the field of rehabilitation?

Strengths:

Weaknesses

List the names of two persons who know you well and are willing to write an evaluation of your potential for study and work in the field of rehabilitation. Your referees should be either a current or former: employer, professor, religious leader, volunteer supervisor, teacher, etc.

First Referee’s Name:

Referee’s Position:

Organization:

Address:

Telephone: E-mail:

Second Referee’s Name:

Referee’s Position:

Organization:

Address:

Telephone: E-mail:

**Note:**

 **The student applicant is required to email the Referee to complete the Referee Form. The Referee Form can be completed online or as a hard copy.**

**[ ]** Check here for consent to access York University transcript.

Signature and Date