

Counselling Aptitude Assessment (CAA)

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Please complete the questionnaire as thoroughly as possible.
Reply to each question, giving clear, concise responses.

Confidentiality

The purpose of this questionnaire is to explore life experiences, strengths, motivation and goals possessed by the applicant, which may be relevant to the training provided by the Kelowna College of Professional Counselling. The information provided on this form will be kept strictly confidential. It is intended for use by the Registrar to help determine eligibility for admission and proficiency with the English language.

*Attach additional sheets as needed. Contact Admissions Advising at (250) 717-0412 if you require assistance.
Submit this completed assessment to Admissions through KCPC reception or submit online at your earliest convenience.*

(PLEASE PRINT)

Name: _____ Date: _____

Address: _____

City: _____ Prov/State: _____ P.C. _____

Home Phone: () _____ Work Phone: () _____

Fax: () _____ (If you are an international applicant, please include country code.)

E-mail: _____

Canadian Social Insurance Number: _____

For Emergency Only: Contact _____ at: _____

CHECK: (REQUIRED)

I understand that completion of the **CAA and an orientation meeting with the Registrar, either in person or by telephone, are required** of all applicants seeking admission to the Kelowna College of Professional Counselling.

My Desired Start Date (required): _____

CHECK:

- Diploma of Applied Psychology and Counselling (one-year)
- Certificate of Applied Counselling Studies (seven months in specialized area of study)
- On-campus study
- Distance Education
- Combination of on-campus classes and Distance Education courses.

GENERAL INFORMATION

1. What is your age?

18-25 26-35 36-50 51-65 over 65

2. Gender: Male Female

CAREER GOALS AND MOTIVATION

1. What practical skills and/or natural abilities do you possess which you feel will **enhance** your effectiveness as a counsellor?
2. What characteristics do you possess that might **inhibit** your ability to be an effective counsellor?
3. Why did you decide to begin training to become a counsellor at this point in your life?
4. Do family and friends support your decision to become a counsellor? Why or why not?

EMPLOYMENT GOALS AND JOB HISTORY:

1. What type of counselling positions or areas of specialization do you intend to pursue?
2. List any of job skills or experiences you have acquired in your history of employment which apply to the practice of counselling.

EDUCATION:

1. List any degrees, diplomas or educational programs and describe their relevance to future employment as a counsellor.

	Place	Year	Description
University Degrees:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
High School:	_____	_____	_____
	_____	_____	_____
Certificates or Other Educational Programs:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

2. Have you ever taken a correspondence course or enrolled in a distance education program? If yes, what was the outcome?
 Yes No

3. Do you experience any difficulties in structured learning environments? If yes, please explain.
 Yes No

4. How do you rate your written skills at this point? Please comment.

5. How do you rate your reading skills at this point? Please comment.

6. Do you have confidence in you ability to complete assignments?
 Yes No

7. Do you have confidence in you ability to participate in class discussions?
 Yes No

8. Are you willing to examine your feelings and beliefs in an attempt to increase your self awareness?
 Yes No

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PHYSICAL/MEDICAL/MENTAL CONDITIONS OR DISABILITIES:

1. Do you have any medical information or a medical or psychiatric condition/disability, you wish to be taken into consideration that may interfere with your ability to function as a student? If yes, please explain.

I am requesting accommodations related to the above identified disability that has been documented by a recognized professional.

Yes, Documentation will be provided by: _____

No

If yes, please submit the required documentation to support your requirement for reasonable accommodations

MISCELLANEOUS INFORMATION

1. How do you intend to fund your education? Please specify—personal savings, student loans, etc.

2. Would you like to speak to a financial or student advisor about possible sources of funding?

List one personal reference who supports your decision to enroll in the counsellor training program.

Name: _____ My relationship to the reference is:

Professional, he/she is my _____ (Examples: lawyer, doctor, clergy, teacher/instructor, supervisor or employer.)

Colleague

Other: _____

Address: _____

Phone: _____

(Your signature is required below. Please ensure your name, phone number and address appear on page 1.)

Signature: _____ Date: _____