

**MPT Program Admissions 2019 - Northern and Rural Cohort (NRC) Supplemental Application Form**

If you indicated on the on-line MPT application that you are interested in being considered for the Northern and Rural Cohort for the MPT program, please complete this document as well as the Lived Experience Form. Supplemental Applications for the NRC are to be sent to [mpt.nrc@ubc.ca](mailto:mpt.nrc@ubc.ca) by the January 15 2019 document submission deadline. Late applications will not be accepted for any reason.

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| **Last Name, First Name:** |
| **Birthdate (DD/MM/YY):** |
| **Email address:** |
| **Student number (if known):** |

**Section 1: Lived Experiences (LE)** – **on a separate form**

Using the Lived Experience Form, please provide a list of locations in Canada in which you resided along with the duration spent in each location.

**Section 2a: Decision to Apply to the Northern and Rural Cohort:**

Please explain your reasons for choosing to apply to the Northern and Rural Cohort of the MPT program, as well as experiences that contributed to this decision.

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| Please limit your response to no more than 250 words: |

**Section 2b: Affinity for Rural Training and Practice**

As part of the Northern and Rural Cohort you will complete the majority of your placements in northern and rural communities. Discuss some of the challenges and rewards you think you will experience while on placement in a rural community.

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| Please limit your response to no more than 250 words: |

**Section 2c: Affinity for Rural Training and Practice:**

Briefly describe your experiences (working or volunteering) and activities (academic or extracurricular), not exclusive to rural, that provide evidence of your involvement and leadership in increasing the well-being of individuals, groups or society in general. Please provide details and references to these experiences and activities in Section 3 (below).

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| Please limit your response to no more than 250 words: |

**Section 3: Previous experiences**

List the names of facilities and locations, approximate duration (number of hours), and the populations with whom you interacted.

**Facility # 1**

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| Contact Name (Last, First): |
| Contact Phone and Email (if known) **:** |
| Total number of hours: |
| Populations with whom you interacted: |

**Facility # 2**

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| Contact Name (Last, First): |
| Contact Phone and Email (if known) **:** |
| Total number of hours: |
| Populations with whom you interacted: |

**Facility # 3**

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| --- |
| Contact Name (Last, First): |
| Contact Phone and Email (if known) **:** |
| Total number of hours: |
| Populations with whom you interacted: |