Master of Physical Therapy – North (MPT-N) Application Form

If you indicated on the on-line MPT application that you are interested in being considered for the MPT-N program, please complete this document as well as the Lived Experience Form. Supplemental Applications for the MPT-N are to be sent to uploaded on eVision by the January 15 document submission deadline. **Late applications will not be accepted for any reason.**

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 Master of Physical Therapy - North:

Please explain your reasons for choosing to apply to the MPT-N program, as well as experiences that contributed to this decision.

Please limit your response to no more than 250 words:

Section 2b: Affinity for Rural Training and Practice

As part of the MPT-N 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.

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).

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

Name of Facility & Location:

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

Facility # 2

Name of Facility & Location:

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

Facility # 3

Name of Facility & Location:

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

MPT Program Admissions 2020
Northern Rural and Remote Lived Experiences Form

Website: www.physicaltherapy.med.ubc.ca

Last Name, First name:	
Birthdate (YYYY/MM/DD):	
Birthdate (YYYY/MM/DD):	

This completed form must be uploaded to your online application by the January 15 2020 document submission deadline.
You must also submit the written response form at that time.

Lived Experiences (LE) in Canadian rural/remote/northern/Aboriginal settings:

A. BIRTH - PRESCHOOL. Provide a list of the locations (maximum of 5) in which you resided from birth through until the age of starting Kindergarten along with the duration of time spent in each location.

	Start Date	End Date	Total Months	Location	Province	Contact Title	Contact Name	Contact Email	Contact Phone
LE1									
LE2									
LE3									
LE4									
LE5									

B. ELEMENTARY SCHOOL. Provide a list of the locations (maximum of 5) in which you resided during Elementary school along with the duration of time spent in each location.

	Start Date	End Date	Total Months	Location	Province	Contact Title	Contact Name	Contact Email	Contact Phone
LE1									
LE2									
LE3									
LE4									
LE5									

C. HIGH SCHOOL. Provide a list of the locations (maximum of 5) in which you resided during High school along with the duration of time spent in each location.

	Start Date	End Date	Total Months	Location	Province	Contact Title	Contact Name	Contact Email	Contact Phone
LE1									
LE2									
LE3									
LE4									
LE5									

D. POST-SECONDARY. Provide a list of the locations (maximum of 10) in which you resided for study and/or work since High school graduation along with the duration of time spent in each location. Each entry should be a minimum of 3 months and should represent your primary address at the time of the Lived Experience.

	Start Date	End Date	Total Months	Location	Province	Contact Title	Contact Name	Contact Email	Contact Phone
LE1									
LE2									
LE3									
LE4									
LE5									
LE6									
LE7									
LE8									
LE9									
LE10									