

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

If you indicated on the online MPT application that you are interested in being considered for the MPT-N program at UNBC in Prince George, please complete this document. The supplemental application for the MPT-N is to be uploaded to your application in eVision by the January 15 document submission deadline. **Late applications will not be accepted for any reason.**

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| **Last Name, First Name** |  |
| **Birthdate (DD/MM/YYYY)** |  |
| **UBC student number (if known):** |  |

**Section 1A: Decision to Apply to the Master of Physical Therapy - North:**

Please explain your reason 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.

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**Section 1B: Affinity for Northern and 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 these communities. Please limit your response to no more than 250 words.

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**Section 1C: Affinity for Northern and Rural Training and Practice:**

Briefly describe your experiences (working or volunteering) and activities (academic or extracurricular), not exclusive to northern and rural communities, that provide evidence of your involvement and leadership in increasing the well-being of individuals, groups or society in general. Provide details and references to these experiences and activities in Section 2 (below). Please limit your response to no more than 250 words.

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**Section 2: 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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| **Name of facility & location:** |  |
| **Contact name (last, first):** |  |
| **Total number of hours:** |  |
| **Populations with whom you interacted:** |  |

**Facility 2**

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| **Name of facility & location:** |  |
| **Contact name (last, first):** |  |
| **Total number of hours:** |  |
| **Populations with whom you interacted:** |  |

**Facility 3**

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| **Name of facility & location:** |  |
| **Contact name (last, first):** |  |
| **Total number of hours:** |  |
| **Populations with whom you interacted:** |  |

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| **MPT Program Admissions 2021 – MPT-North****Lived Experiences** |

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

**Section 3A: Lived Experiences:** In order to understand your previous lived experiences, please provide the following information in the sections below

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| **BIRTH – PRESCHOOL: Please provide a list of the locations (maximum of 5) in which you resided from Birth through the age of starting Kindergarten along with the duration of the time spent in each location. The contact needs to be an individual that can confirm the information you input is accurate (ex, parent, teacher, etc)** |
|  | **From****(MM-YYYY)** | **To****(MM-YYYY)** | **Total Months** | **Location** | **Province** | **Contact Name** | **Contact Relation** |
| **EX** | **06-1997** | **10-1998** | **17** | **Vancouver** | **BC** | **Jane XXXXX** | **(Parent, Teacher, Sibling, etc)** |
| **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |

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| **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.** |
|  | **From****(MM-YYYY)** | **To****(MM-YYYY)** | **Total Months** | **Location** | **Province** | **Contact Name** | **Contact Relation** |
| **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |
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| **HIGH SCHOOL: Provide a list of the locations (maximum of 5) in which you resided during High School along with the duration of the time spent in each location.** |
|  | **From****(MM-YYYY)** | **To****(MM-YYYY)** | **Total Months** | **Location** | **Province** | **Contact Name** | **Contact Relation** |
| **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |
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| **5.** |  |  |  |  |  |  |  |

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| **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.** |
|  | **From****(MM-YYYY)** | **To****(MM-YYYY)** | **Total Months** | **Location** | **Province** | **Contact Name** | **Contact Relation** |
| **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |  |
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| **9.** |  |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |  |

**Section 3B: Contact Detail Information:** Please provide the contact information for the individuals you listed above in section 3A. If you have listed the same person multiple times in the sections above, you will only need to list them once in this section.

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| **Contact Name** | **Contact Email** | **Contact Phone Number** |
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