



Master of Occupational Therapy – North (MOT-N) Application Form

If you indicated on the online MOT application that you are interested in being considered for the MOT-N program, please complete this document.

Late applications will not be accepted for any reason.

Last Name, First Name:	
Birthdate (DD/MM/YYYY):	
Email address:	
8 Digit UBC Student number (if known):	

Section 1: Decision to Apply to MOT-N:

Describe at least 3 factors that make you a good fit for working and living in Northern communities.

Please limit your response to no more than 250 words:

Section 2: Affinity for Northern Training and Practice

Provide one (1) example each of opportunities, challenges, and rewards you think you will experience while working and living in a Northern community.

Please limit your response to no more than 250 words:

Section 3A: MOT North Lived Experiences

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

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.

	From (MM- YYYY)	To (MM- YYYY)	Total Months	Location	Province	Contact Name	Contact Relation
EX	11-1994	08-1996	21	Vancouver	BC	Joe Smith	(Parent, Teacher, Sibling, etc.)
1.							
2.							
3.							
4.							
5.							

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.

	From (MM- YYYY)	To (MM- YYYY)	Total Months	Location	Province	Contact Name	Contact Relation
1.							
2.							
3.							
4.							
5.							

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.

	From (MM- YYYY)	To (MM- YYYY)	Total Months	Location	Province	Contact Name	Contact Relation
1.							
2.							
3.							
4.							
5.							

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.

	From (MM- YYYY)	To (MM- YYYY)	Total Months	Location	Province	Contact Name	Contact Relation
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
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.

Contact Name	Contact Email	Contact Phone Number