

School District No. 83 (North Okanagan-Shuswap) Youth TRAIN in Trades Application

Dual Credit Program Application Checklist

		eted fully by student before ap School:	
	_		
1.	☐ Completed application form	- , ,	
2.	·	on Plan (refer to the attached docu	•
3.		explaining your reasons for apply	_
4.	☐ One (1) letter of reference f	rom employer or family friend (no	t family member) (refer to attached form)
5.	☐ One (1) letter of recommend	dation from a teacher (refer to att	ached form)
6.	☐ Safety Activity (refer to the a	attached activity)	
7.	☐ Research Activity (refer to the	ne attached activity)	
8.	☐ Career Interview Activity (re	fer to the attached activity)	
9.	☐ Essential Skills – please see y	your Career Coordinator on how to	o complete this
10.	. 🗖 Resume		
11.	. A copy of birth certificate		
12.	. SkilledTradesBC Youth TRAIF	N in Trades Registration form (refe	er to the attached document)
13.	. On-line Application to Colleg	ge (if applicable) (fee based)	
14.	. □ Successful completion of Co	llege Entrance Exam (if applicable)) (fee based) *
15.	. If applicant is of Indigenous	decent, school based Indigenous	support workers and appropriate band personi
	have been notified of students	' interest in program.	
For	OFFICE USE ONLY	For Office Use Only	For Office Use Only
1	. Attendance Report from pa	ast 2 vears	
2	_ ·	•	
3	•	yesno (attach any docun	ments)
4		Information form (if applicable)	,
	-		
Scho	ol Administration (signature) o	check:	Date
Comi	ments:		
"Scho	ool-based" Career Staff (signat	ture):	
Date	e		
Onc	e the application has been ha	inded into the Career Centre, t	he following will take place:
	Date Exam written	Math % English 9	%
	Date Exam written	("Passing" percentage varies acco	
	Date of a successful int		5. a 6 to the trade,
		epending on trade/career area	
		to the District Career Office	
	Official latter cont to	student regarding accontance	conditions and foos

**Programs are offered subject to all required SD83 and - where applicable - college approvals, including sufficient enrolment, funding, and staffing.

(Please print clearly and fill in <u>ALL</u> information)

1. School	Currer	nt Grade	Date
2. Student Name		(5:)	(A 4: J.H.)
(Las	.t)	(First)	(Middle)
Mailing Address:			
City:		Postal Code:	
Student E-mail:			
Parent Email:			
Home Phone:	Student Ce	ll Phone (if applicable):	
Parent Cell Phone (if applicable	·):		
Social Insurance Number:		Date of Birth:	
PEN	Expected Gr	aduation Date (i.e. June 20	25)
(Obtain from school s	secretary)		
Do you identify yourself as an I	ndigenous person?	☐No Name of First	Nations Band:
3. TICK (v) the program that ye	ou are applying for:		
☐ Automotive Service ☐ Technician @ TBA (February 2025)	Automotive Collision (Autobody) @ ALF (February 2025)	☐ Hairstyling @ PVS (February 2025)	PC1 (Cook Training) @ ALF (February 2025)
Other Programs (i.e. Welding	g, Electrical, Plumbing):		
Intake date (i.e. August 2024	1):		
Post Socondary Institution (i	a OC TRIII		

***for more details on the above programs (and more), visit the Career Centre at your school and/or http://career.sd83.bc.ca/

1. Do you have a medical condition which may affe be aware of? Circle <u>Yes or No</u> . If you answered "Y	ct your success in this program or that your instructor should Yes", please explain below.
2. Do you have an IEP or learning condition which ranswered "Yes", please explain below.	may require special assistance? Circle Yes or No . If you
"Dual Cred	it Understandings"
	ter and give permission for him/her to participate in this
We certify the information given in this application is understand that, if selected for a Career Program; fa	s true and complete to the best of our knowledge and lsified statements may be reason for removal.
	behalf by School District 83. SD83 will act as our sponsor for co purchase text books and other supplies and pay any
We authorize investigation of all statements contain	ed herein and the references listed in this application.
We allow the Career Program to use any program re promotion and communications for the Program.	lated picture of my son/daughter for the purpose of
benefit from their training. In order for this to occur,	dit program are expected to make a sincere effort to gain full regular attendance, punctuality, safe work practice and stain enrolment and to ensure success in the program.
By signing below, we acknowledge that we have <u>re</u> above.	ead and agree to the "Dual Credit Understandings" stated
Student Signature	 Date
Parent/Guardian Name (please print)	Date
Parent/Guardian Signature	

STUDENT EDUCATION/TRANSITION PLAN

TODAY'S DATE:	STUDE		
SECONDARY SCHOOL:	STUD	ENT GRADE:	
Grade 10: English/Socials/Science	e/Math/PE/Planning Have thes	e requirements been met/or are	in progress? Circle: YES or NO
Grade 11: English/Socials/Science	e/Math required		
SEMESTER ONE		SEMESTER TWO	
Condo 12. Facilish 12 an Care	signations 12 magnitud	1	
Grade 12: English 12 or Commun	nications 12 required	SEMESTER TWO	
Transition Courses	When Taken		Institution/Employer
(i.e. PSIQ 12A)	(i.e. September 2018)	Location (i.e. Vernon)	(i.e. Okanagan College)
PARENT/GUARDIAN SIGNA	TURE:		DATE:
STUDENT SIGNATURE:			DATE:
CAREER CO-ORDINATOR/Co	OUNSELLOR SIGNATURE:		DATE:

Dual Credit Application: Research Activity

Answer the following questions based on your research associated with your interested trade. MyBluePrint (myblueprint.ca/SD83) is great resource to use when completing this activity.

1.	Describe the trade. What are some of the jobs/tasks that you would do as this type of tradesperson?
2.	What high school courses would help you get into this career?
3.	What salary can you expect to get from this trade?
4.	What is the "future potential" of this trade in terms of employment? For example, will there by many jobs in this trade in the future?
5.	Based on your research, are you still interested in this career? Why?

Dual Credit Application: Safety Activity

<u>Your Rights and Responsibilities:</u> You have the right to refuse work if you have reasonable cause. Do not stop working or go home! Report any problems immediately to your Youth TRAIN in Trades instructor.

Circle or highlight any hazards below that may be present in your work placement.

Office Work and Civil Service (Including: Medical, Veterinarian, Nursing, Teaching) Slips, trips and falls Improper use of equipment Faulty equipment Lifting Human conflict situations	Hospitality or Culinary Arts (Chef, Hotel Management) Burns Lifting Cuts with knives Working with slicers Bio-hazards
Construction Trades (Carpentry, Cabinet Making, Construction, Plumbing, Sheet Metal, Electrical) Power tools (skills saw) Fall from heights Objects falling from above Stepping on nails Electric shock	Industrial Trades (Welder, Mechanic, Machinist, Pipe Fitter, Steel Fabricator) Power Tools: bench/angle grinders, lathes, tire machine Falling objects Chemical burns Eye injury (arc welding/flying particles) Improperly lifting vehicles on jacks/hoists

Common Hazards:

Faulty equipment Trip hazards Reaching/lifting
Falling/flying debris Electric shock Clothing snags
Eye injuries Equipment left running Fumes

Drowning Improper lock out

Dual Credit Application: Career Interview Activity

Find someone in the career field in which you have researched. Ask the following interview questions. You can contact a tradesperson using the following means:

- Contact them in person, on the phone or by email. (this is the **PREFERRED** interview method)
- Go on to myBluePrint and search an occupation. Many occupations have posted interviews and feature "A Day in the Life" videos of various trades.

What is your trade or occupation? What are some of your job duties and responsibilities? What are some of your "likes" of your job? What are some of your "dislikes" of your job? What are some of the safety factors concerning this occupation? What is some advice you would give me on pursuing this as a career?
What are some of your "likes" of your job? What are some of your "dislikes" of your job? What are some of the safety factors concerning this occupation?
What are some of your "dislikes" of your job? What are some of the safety factors concerning this occupation?
What are some of the safety factors concerning this occupation?
What is some advice you would give me on pursuing this as a career?
Name of Person Interviewed:

Teacher Reference Form

Student Name (first and last):				
Course(s):				
Grade:School:				
This student has applied for a seat in: _				
Please provide frank comments about	this student.			
Please check the following traits as:	Excellent (4)	Good (3)	Satisfactory (2)	Needs Improvement (1)
1. Maturity				
2. Ability to follow instructions				
3. Enthusiasm and interest				
4. Adaptable – adjusts to new tasks				
5. Follows through on assigned tasks				
6. Attendance				
7. Punctuality				
8. Shows motivation to learn new skills				
9. Can work independently				
10. Has positive attitude towards work				
11. Accepts constructive criticism				
Comments:				
(feel free to write an additional letter	of reference)			
Teacher Reference completed by:				
Name:	Phone No.:			
Signature:				

Employer/Community Reference Form

This student has applied for a coat in				
This student has applied for a seat in:			ne name of the p	rogram)
Name of Business:		Pho	one No.:	
	e of Employer: (please print)			
Signature of Employer:			110)	
	Or			
Name of Community Member:			(please print)	
Please provide frank comments about th with the student.				
Please provide frank comments about th	is student. Only "t	ick" the trait	s that are applica	Needs
Please provide frank comments about th with the student. Please check the following traits as: 1. Maturity	is student. Only "t	cick" the trait	s that are applications	able to your rela
Please provide frank comments about th with the student. Please check the following traits as: 1. Maturity 2. Ability to follow instructions	is student. Only "t	cick" the trait	s that are applications	Needs
Please provide frank comments about th with the student. Please check the following traits as: 1. Maturity 2. Ability to follow instructions 3. Enthusiasm and interest	is student. Only "t	cick" the trait	s that are applications	Needs
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Please provide frank comments about th with the student. Please check the following traits as: 1. Maturity 2. Ability to follow instructions 3. Enthusiasm and interest 4. Adaptable – adjusts to new tasks 5. Follows through on assigned tasks 6. Attendance 7. Punctuality 8. Shows motivation to learn new skills 9. Can work independently	is student. Only "t	cick" the trait	s that are applications	Needs
Please provide frank comments about th with the student. Please check the following traits as: 1. Maturity 2. Ability to follow instructions 3. Enthusiasm and interest 4. Adaptable – adjusts to new tasks 5. Follows through on assigned tasks 6. Attendance 7. Punctuality 8. Shows motivation to learn new skills	is student. Only "t	cick" the trait	s that are applications	Needs



SkilledTradesBC Customer Service

800 - 8100 Granville Ave. Richmond, BC V6Y 3T6 Tel: 778-328-8700 Toll Free: 1-866-660-6011

YOUTH TRAIN IN TRADES REGISTRATION FORM

Please complete and return this form to your district career coordinator. All *mandatory fields must be completed.

Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
8		
Date of Birth (MM/DD/YYYY):	*Gender: ☐ Man ☐ Woman	Personal Education Number (PEN):
(, , ,	☐ Non-Binary ☐ Prefer not to answe	
Suite Number:	*Mailing Address:	
City:	*Province:	*Postal Code:
Primary Phone Number:	Secondary Phone Number:	*Email Address:
)	()	
Do you agree to receiving update	s via SMS to your primary phone number? 🔲	Yes □ No
Do you self-identify as an Indige Yes □ No □ Prefer not to answe	nous person?	
	1	
D DADENT (CHARDIAN	S INFORMATION	
B. PARENT/GUARDIAN	SINFORMATION	
I,		
· C	(print surname followed by given names of parent/guardia	n)
of(street address)	(city, town)	(postal code)
Declare that:	(e.t.y, term)	(poolii code)
	al guardian of the minor named above; and,	
2. I authorize the school to release the	e information outlined in Sections A & B to SkilledTra ogram; and to use the registration information for stati	desBC for the purpose of registering the student with stical data.
3. I understand that I can only withdr	aw this consent by written request addressed to the so	chool.
Student's Signature:		Date (MM/DD/YYYY)
Parent/Guardian's Signature:	Date (MM/DD/YYYY)	
SD/Independent Board Authority Co	Date (MM/DD/YYYY)	
C. PROGRAM INFORMA BOARD AUTHORITY)	TION (TO BE COMPLETED BY SCH	HOOL DISTRICT OR INDEPENDENT
Program Type (Select one): ☐ Level 1 ☐ Foundation	TRAIN Intake (MM/YYYY): Program Start Date	(MM/DD/YYYY): Program End Date (MM/DD/YYYY):