



SOOKE 62
SCHOOLS
CAREERS & TRANSITIONS

TASK

Trades Awareness Skills and Knowledge

- Application Package -

2020-2021



WestShore
Centre for Learning & Training

**TRADES AWARENESS SKILLS AND KNOWLEDGE PROGRAM
APPLICATION FORM**

Program Requirements

Applicants must meet the following requirements in order to be admitted into the TASK program.

Students must:

- be fifteen (15) years of age or older and currently in grade 10, 11, or 12;
- have their parent/guardian's written permission, by signing below;
- demonstrate an interest and level of maturity suitable for a trades program and work environment; and
- be able to make provisions for their own transportation to and from a work experience job site.

Required Application Documents

Please ensure that the following documents are attached to your application package.

Deadlines for submission: SEMESTER 1 - May 22, 2020; SEMESTER 2 - November 20, 2020

- Resume
- Cover letter, which includes:
 - an outline of why you wish to be admitted into the program
 - specific skills which will help you be successful in the program including previous jobs/experiences and courses that you have taken
- A copy of your most recent secondary school marks (contact your Career Centre)
- Attendance record (contact your Career Centre)
- *SIP Program Application Package*

Interview

Applicants will be required to attend a short interview (10 – 15 minutes) with the program teacher and college instructor. Once selected for interview, students will be contacted individually for interview times and availability.

Signatures

I hereby state that I grant permission for my son or daughter to participate in the Trades Awareness Program (TASK).

Parent/guardian name (printed)

Student signature

Parent/guardian signature

Date

Youth Explore Program Stream Registration Form

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

*Mandatory Fields

A. Student Information

*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Education Number (PEN):
*Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Phone Number: ()	Secondary Phone Number: ()	*Email Address:
*Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>		

B. Parent/Guardian's Information

I, _____
(print surname followed by given names of parent/guardian)

of _____
(street address) (city, town) (postal code)

Declare that:

- I am the ☐ custodial parent ☐ legal guardian of the minor named above; and,
- I authorize the school to release the information outlined in Sections A & B to Industry Training Authority for the purpose of registering the student with the ITA in a Youth Trade program; and to use the registration information for statistical data.
- I understand that I can only withdraw this consent by written request addressed to the school.

Parent/Guardian's Signature:	Date (MM/DD/YYYY)
SD/Independent Board Authority Contact's Signature	Date (MM/DD/YYYY)

C. Program Information (To be completed by School District/Independent Board Authority)

Program Type (Select one): Youth Explore Trades Skills (in SD) <input type="checkbox"/> Youth Explore Trades Sampler (partnered with PSI) <input type="checkbox"/>	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
Partnering Training Provider for Youth Explore Trades Sampler:		

SECTION 1: STUDENT & PARENT/GUARDIAN INFORMATION

Legal Last Name

Legal First Name

Preferred First Name

Student Email

Student Cell Phone

Student Birthdate (mm/dd/yyyy)

Parent(s)/Guardian(s) Name(s)

Parent(s)/Guardian(s) Primary Email

Parent(s)/Guardian(s) Phone

SECTION 2: PERMISSION TO RELEASE INFORMATION & AUTORIZATION TO ACT ON MY BEHALF

The *British Columbia Freedom of Information and Protection of Privacy Act* provides that the College may not release any information pertaining to student records to anyone other than the student owner of the record without the student's consent. Further, the College does not normally allow any person other than the student to conduct student-related business with the College on behalf of the student. In order to allow the South Island Partnership (SIP) and your parent(s)/guardian(s) to conduct business related to your education on your behalf, please complete the following:

For the 2019/20 school year, I give permission to my below mentioned high school and my above mentioned parent(s)/guardian(s) to access my student records and conduct business related to my education while registered in this SIP course

Student Name

Student Signature

Date

SECTION 3: SIP COURSE SELECTION

Course #1 Selection	Course Start Date (mm/yyyy)	Section # (if applicable)
Course #2 Selection (if applicable)	Course Start Date (if applicable)	Section # (if applicable)
Student's School District	Expected Graduation Date	High School Name

For all on-campus courses, students **must** satisfy all pre-requisites prior to the start of the course. For school-based cohort classes with English 12 as a pre-requisite, the pre-req. can be made a co-requisite with a Teacher Letter of Recommendation

Will you have the required pre-requisite(s) (i.e. Eng 12), prior to the course start date? Yes No

If no, will you be taking this requirement as a co-requisite (at the same time), where possible? Yes No n/a

SECTION 4: STUDENT SUPPORT SERVICES

Do you have an **Individual Educational Plan (IEP)**, learning challenge or other disability which may require additional support services? Yes No

If yes, please make an appointment with the CAL (Center for Accessible Learning), prior to course start date, by calling 250-370-4049, or by email at accessible@camosun.bc.ca.

Are you of Indigenous ancestry? Yes No

Please identify your citizenship:

SECTION 5A: HIGH SCHOOL / SCHOOL DISTRICT / SIP & CAMOSUN RESPONSIBILITIES:**We will:**

- provide tuition funding for course(s) at Camosun College
- assist you to meet all prerequisites and create an Education/Transition Plan that maps your final years of high school
- help you to complete a SIP application package and submit it to the SIP office
- provide you with student support services as needed (assessment, upgrading, learning skills & accommodations, counselling) and encourage you to be proactive in communicating with CAL, where applicable
- liaise with your parents, teachers, instructors, and counsellors regarding your college progress and participation
- provide post-secondary marks to your high school for graduation credits

SECTION 5B: STUDENT RESPONSIBILITIES:**As a South Island Partnership student, I agree to:**

- Ensure I have met all prerequisites required for my course(s)
- Submit a completed SIP application package
- Create an Education Planner profile and pay an application fee (valid for 12 months) to be accepted into Camosun College – this is an important step to ensure you have access to the learning platform for your course
- Make an appointment with the Center for Accessible Learning (CAL) if I have an IEP or learning challenge
- Contact a post-secondary academic advisor if I am taking more than two dual credit courses
- Purchase the required textbooks, support materials, equipment, and clothing, as needed
- Be prepared for the rigors of a first year post-secondary course which include a commitment to matching course hours with home study and high standards in writing competency and attention to detail in written assignments
- Contact my instructor if I will be absent or late; I understand that punctuality and attendance are mandatory requirements of Camosun College and that completing the paired school based course is an expectation
- Inform my Camosun instructor, school teacher/counsellor and the SIP office if I drop or withdraw from my course(s). Students can drop a course without financial or academic penalty up to the end of the second week of the course. Students can withdraw from a course, receiving a 'W' on their transcript, in advance of 66% of course completion. Withdrawing after 66% of the course may result in an "F" on their transcripts
- follow the *Camosun College Student Conduct Policy*
- understand that my home school Code of Conduct applies to all courses and programs

I have read and understand all responsibilities while taking this course(s)

I hereby certify that all information included on this application is, to the best of my knowledge, accurate

Student Name

Student Signature

Date

Parent / Guardian Name(s)

Parent Signature

Date

SECTION 6: FOR SCHOOL BASED CAREERS TEAM TO COMPLETE

The following items must be added to application:

- Copy of student transcripts (at time of submission)
- Letter of Recommendation (when taking as co-requisite only)
- Transition Plan (at later date when schools resume)
- Education Planner complete

School-Based Career Coordinator Name

Coordinator Signature

Date