



CONSTRUCTION TASK PROGRAM 2023/2024 – Semesters 1 & 2

Hosted at Royal Bay Secondary School

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 or 11 (preferred), 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 Royal Bay Secondary School as well as a work experience job site.

Required Application Documents

Please submit your application by Monday May 15, 2023

1. A copy of your most recent secondary school transcript (unofficial copies, please)
2. Attendance record
3. SIP Program Application Package
 - Please be sure to complete all sections of this package, and **pay the Ed Planner Application Fee**
4. A copy of the Ed Planner Application Fee receipt (or email to kcalldwell@sd62.bc.ca)
5. ITA Youth Explore Program Stream Registration Form
6. Emergency Information Form

Interview

Applicants will be required to attend a ten-minute interview with the program teacher and SD62 Career Education Lead. Once selected for interview, students will be contacted individually for interview times and availability. The date for these has been set for **Wednesday May 24, 2023**.

Signatures

I hereby state that I grant permission for my child/dependent to participate in the Construction Trades Awareness Skills & Knowledge (TASK) Program hosted at Royal Bay Secondary School.

Parent/Guardian Name (printed)

Student Signature

Parent/Guardian Signature

Date

Date

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: SIP PROGRAM SELECTION

| | | |
|---------------------------|-------------------------|--------------------|
| Program Selection | Program Start (mm/yyyy) | Current Grade |
| Student's School District | High School Name | Expected Grad Date |

SECTION 3: DECLARATION & CONSENT FOR COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION

Personal information is collected under the legal authority of the College and Institute Act, RSBC, 1996, c. 52 and s. 26 of the Freedom of Information and Protection of Privacy Act, RSBC, 1996, c. 165 for administrative and statistical research purposes of the College, and/or the ministries or agencies of the Province of British Columbia and the Government of Canada. The information that you provide is protected, used and disclosed in compliance with these purposes. If you have any questions about the protection of your personal information, please review Camosun College's commitment to privacy, or email privacy@camosun.bc.ca

I authorize Camosun College to communicate and disclose my personal information regarding registration, attendance, progress, and related enrolment information to: my Secondary School and/or School District; Ministry of Advanced Education and Skills Training; and other agencies as appropriate

Yes No

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 5: FOR SOUTH ISLAND PARTNERSHIP OFFICE USE

Camosun C#:

Section #:

ITA #:

***We will do our best to accommodate your selection(s), however, seats are not guaranteed**

SECTION 6A: HIGH SCHOOL / SCHOOL DISTRICT / SIP & CAMOSUN RESPONSIBILITIES:

We will:

- provide tuition funding for program training at Camosun College
- Assist you to meet all prerequisites for your program; 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 on your behalf
- Register you as a Youth Train in Trades student (for trades programs only)
- Provide you with student support services as needed (assessment, learning skills, English and/or math upgrading, counselling, disability resources)
- Encourage you to be proactive in informing the Centre for Accessible Learning (CAL) of specific learning needs and IEPs
- Liaise with your parents, teachers, and instructors regarding your college progress and participation; and provide post-secondary marks to your high school for graduation credits
- Inform you of the training requirements specific to your career area

SECTION 6B: STUDENT RESPONSIBILITIES:

As a South Island Partnership student, I agree to:

- Ensure I have met all prerequisites, completed any necessary assessments, and undergone a relevant work experience placement in my chosen program area
- Submit a completed SIP application package; and attend a SIP Orientation, upon invitation
- Create an Education Planner profile and pay an application fee (valid for 12 months) to be accepted into Camosun College
- Make an appointment with the Centre for Accessible Learning (CAL) if I have an IEP or learning challenge
- Purchase the required text books, support materials, equipment, and clothing, as needed
- Be prepared for the rigors of a first year post-secondary program which includes a commitment to completing homework and study expectations (2-4 hours daily), striving to achieve a passing mark of at least 70%, and attending after-session tutorials offered by instructors, as needed
- Contact my instructor if I will be absent or late; I understand that punctuality and attendance are mandatory requirements of Camosun College
- Inform my Camosun instructor, school teacher/counsellor, and the SIP Office immediately if I drop or withdraw from my program. Students can drop from their program without academic penalty up to the end of the second week of their program. Students can withdraw from their program, receiving a 'W' on their record, in advance of 66% of program completion. Withdrawing after 66% of the program may result in an 'F' on their transcript
- Be financially responsible for both tuition and student ancillary fee payments, if I require an extension for my program
- Follow both my home school Code of Conduct and the [Camosun College Student Conduct Policy](#)
- the declaration & consent for collection, use, and disclosure of my personal information as outlined in Section 3

I certify the information provided in this application is true, accurate, current, and complete to the best of my knowledge and understand Camosun College may verify accuracy. I agree, if admitted and enrolled at Camosun College, to comply with all policies and procedures.

Yes No

Student Name

Student Signature

Date

Parent / Guardian Name(s)

Parent Signature

Date

SECTION 7: FOR SCHOOL BASED CAREERS TEAM TO COMPLETE

The following items must be added to application:

Proof of Work Experience included:

Yes

No

- Student Transcript Service (STS) completed (back page)

- Attendance Report

Ed Planner (EPBC) Completed & Paid

By clicking this box, you support this student to take part in this / these courses through SIP

School-Based Career Coordinator Name

Date

Students applying to take a program must complete this form.

1. Describe why this is the career area for you.

2. Describe how your work experience or school activities have prepared you for this program.

3. Describe what you will do to be successful in this program.

The application fee through Education Planner is a fee that students will need to pay in order to complete the application process. Students taking part in all programs are required to pay this fee to complete the application process as soon as possible. Students cannot be registered into respective courses until this step is complete.

The application fee is only one part of your registration process. You will also need to complete a South Island Partnership application package (above).

Education Planner Instructions

- 1) Google '**Education Planner BC**' and select '**Apply BC**'
- 2) Select '**Sign Up for your Education Planner BC Account**' to create a new account
- 3) Complete CREATE ACCOUNT - Account Creation:
 - **EMAIL ADDRESS:** Email Address (that you check on a regular basis)
 - **PASSWORD:** First initial, Last Name, a special character, and year of birth – ex. Jsmith@1999Once you have successfully created an account, you will automatically be logged in
- 4) Complete your Profile:
 - **Personal Information**
 - **Contact Info** (Select **YES** for emergency contact. Enter your parent/guardian information)
 - **Academic History**
- 5) Once completed, select '**Start Applying**'
- 6) Select your Institution – '**Camosun College**', and '**Create Application**' – make note of Ref No.
- 7) At the Program Selection,
 - select academic Term – Choose best match if your term is not listed or you are uncertain
 - select the Category – '**South Island Partnership**'
 - select your subject area – '**Arts, Business, Computers & Engineering ..Trades, etc.**'
 - select your program/course – '**Dual Credit Courses – South Island Partnership**'
 - under attendance, select '**Part-time**'
 - Select '**Save**' once all of above complete
- 8) Complete '**Additional Information**' by selecting appropriate fields. Select '**Save**'
- 9) Select '**Review and Submit**' – the last step is to pay with a credit card
 - If needed, you can save your information and return using your USERNAME and PASSWORD when you have access to a credit card
- 10) **Pay the application fee**
 - **This is a non-refundable fee, and valid for a continuous 12 months for South Island Partnership courses**
- 11) Select '**Submit Online application**'
- 12) Forward your payment e-receipt to your school-based Career Coordinator

Students Transcripts Service (STS)

STS is an online application for students to view their school marks, transcripts, scholarships and send transcripts electronically to any post secondary institutions and employers they choose.

To register for STS students will need your Personal Education Number (PEN).

Step 1: Go to the Ministry of Education's Transcript & Certificate website by [clicking here](#) and select "Current Student".

Step 2: Register for BCeID first. Complete the required fields.

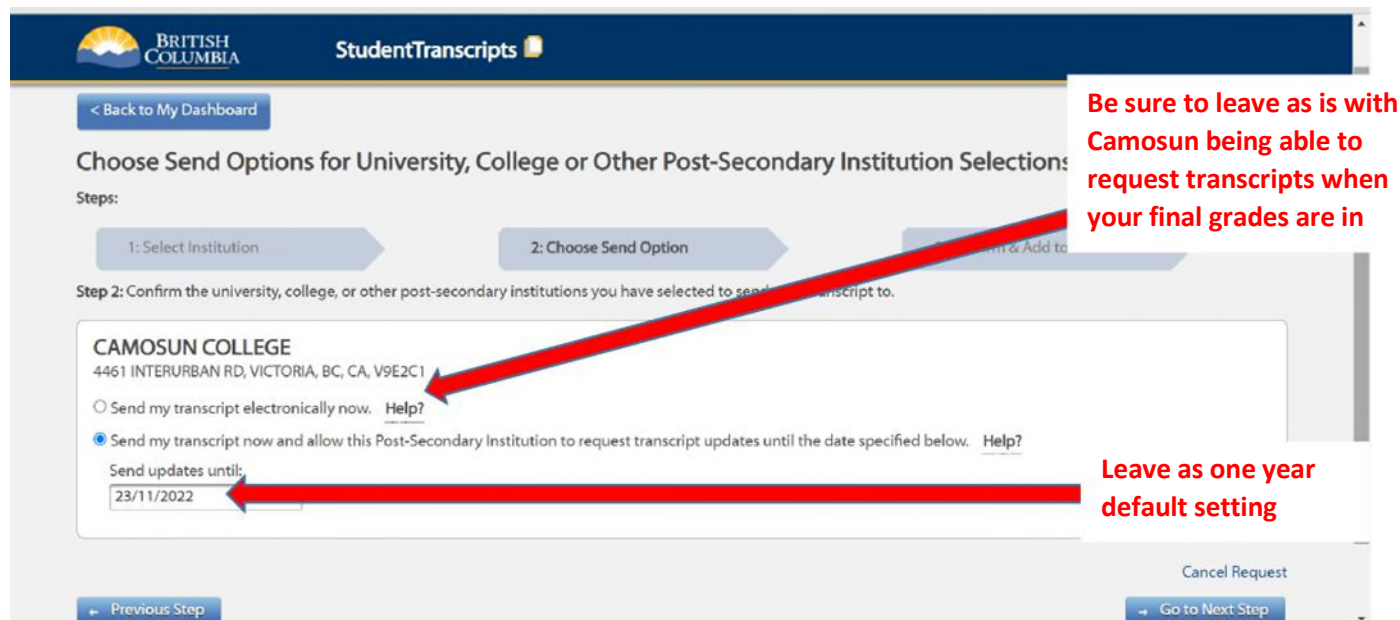
Step 3: Login to Student Transcripts Service using your new BCeID. Fill in the required fields.

A verification email will be sent to you to finalize your account setup. Once activated you will be able to login to STS using your BCeID and password.

Step 4: Under your STS Dashboard you can choose your post-secondary institutions (PSIs) selections, & review, send and order transcripts.

You will need to consent to the STS privacy notice which enables the ministry to send your transcripts to your selected PSIs by paper or electronically depending on how the PSI is able to receive transcripts.

When selecting post secondary institutions and choosing send options, be sure to complete as illustrated in below screenshot. This allows Camosun to access your final transcripts over the summer when the high schools are closed.



Be sure to leave as is with Camosun being able to request transcripts when your final grades are in

Leave as one year default setting

If you'd prefer to see an extended set of instructions with step by step screen shots, please refer to the document posted to the SIP site titled "Student Transcripts – How To – Extended Version"

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: | | |



TASK
Emergency Information

Personal Information

Last Name - _____ First Name - _____

Date of Birth - ____ / ____ / ____
MM/DD/YYYY

Emergency Contacts

Parent/Guardian Full Name - _____

Phone - _____ Email - _____

Alternate Emergency Contact Full Name - _____

Phone - _____ Email - _____

Medical Information

Personal Health Care Number - _____

Family Doctor - _____ Contact Info - _____

Please note any medical/physical/psychological details that the school/employer should be aware of or that might affect performance (i.e. allergies, epilepsy, diabetes, ADHD): _____

Please note any medication that the school/employer should be aware of before employment (i.e. EpiPen):