

# Community Support Worker



## Application Requirements

***Applicant: keep this form for your records***

Applicants must meet the following requirements:

- Be nineteen years of age or under at start of the program and not graduated from high school
- Have successfully completed all high school courses required for graduation by start of program
- Be registered in an Abbotsford School District school.

### Step 1:

- Submit **completed** Abbotsford School District Career Programs application package (requires both student and parent signatures).
- Include a copy of your most recent report card.

Package can be submitted to the Career Programs office at 2606 Alliance Street or to your high school Career Facilitator.

### Step 2:

When the application package has been processed, students will be contacted regarding the following requirements:

- Students must write Abbotsford School District Career Programs Entrance Assessment.
- Student **and** parent must attend an Orientation and/or Interview.

**Only complete application packages will be processed.**

[www.careers.abbyschools.ca](http://www.careers.abbyschools.ca)

**Have you attached your most recent REPORT CARD to your application package?**

# Career Programs Application



Name (please print clearly) \_\_\_\_\_

Current Grade \_\_\_\_\_

## ITA YOUTH TRAIN IN TRADES

- Automotive Service Technician
- Carpenter (Green Construction)
- Dairy Production Technician
- Electrician
- Hairstylist
- Heavy Equipment Operator
- Horticulture
- Professional Cook 1
- Refrigeration & Air Conditioning Mechanic (HVAC)
- Welder

## UNIVERSITY TRANSITION

- Aviation
- Applied Business Technology
- Architectural Drafting
- Community Support Worker
- Health & Human Services

## PRE-APPRENTICESHIP

I, \_\_\_\_\_ do hereby declare that I will:

- Adhere to the School District Code of Conduct
- Adhere to the School Code of Conduct
- Be in attendance at all courses
- Maintain passing grades in all courses

I am aware that this program is a challenging opportunity and am willing to abide by the rules set forth by Abbotsford School District.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature



# District Career Programs Registration Form

## STUDENT INFORMATION

Legal Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_

Usual Last Name \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Legal Middle Name \_\_\_\_\_

Birth Date (Day/Month/Year) \_\_\_\_\_

Home Phone \_\_\_\_\_

Student email (please print clearly) \_\_\_\_\_

Home School \_\_\_\_\_

Grade \_\_\_\_\_ Gender Male  Female

## IMMIGRATION/CITIZENSHIP STATUS

International Student

## ADDRESS INFORMATION

Street Address \_\_\_\_\_

Apt No \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

The principal of a school may request a properly sworn Statutory Declaration from the enrolling parent or legal guardian attesting that the student's principal place of residence is the place indicated in this application. Applicants should note that making a false statutory declaration may constitute the criminal offence of perjury, contrary to Section 131 of the Canadian Criminal Code.

## PROGRAM

Have you had learning assistance in middle or high school? Yes  No

ELL (English Language Learner)

Special Education  – which program? \_\_\_\_\_

\*I have an IEP (Individualized Education Plan)

## PARENTS/GUARDIANS

### First Contact

Relationship to student \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address (if different than student) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**Second Contact**

Relationship to student \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address (if different than student) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Are there any legal documents in force re custody/guardianship/access? Yes  No

If so, please explain briefly \_\_\_\_\_

Have you provided a copy of these legal documents to the school? Yes  No

**MEDICAL INFORMATION**

Dr Name \_\_\_\_\_ Phone \_\_\_\_\_

Care Card No. \_\_\_\_\_

Allergies and Conditions \_\_\_\_\_

Are any of these conditions life threatening? Yes  No  If so, which? \_\_\_\_\_

Life Threatening Conditions/Medications or Treatment Required:

Condition \_\_\_\_\_ Treatment \_\_\_\_\_

(AP 327 – Medical Alert Conditions, AP328 – Administration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are available at the school office or on the District website).

Name (printed) \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent/guardian)

**STUDENT INFORMATION RELEASE**

In accordance with the Freedom of Information and Protections of Privacy Act, Abbotsford School District requires consent to use personal information for purposes unrelated to educational programs. Please sign for each item below if you authorize disclosure as described.

I give my consent for release of my name, address, email and phone number to school district personnel to enable them to contact me regarding school issues, meetings or school related activities.

Signature \_\_\_\_\_

**Student Images**

Your child’s photograph may be used for administrative and identification purposes consistent with providing an educational program. In addition, your child’s name, photograph and comments may be published in the school yearbook, school newsletter or brochure, school video or in a district annual report, calendar or website.

I consent to the use of my child’s name, photograph and comments for purposes consistent with the above.

Signature \_\_\_\_\_

Students cannot be photographed in classrooms or in school yards during school hours without student or parental consent. However, are various times throughout the school year, the school may invite spectators – including parents or media – to certain school events (school play, concert, sporting event, special classroom activities).

I consent to the publication of my child’s name, photograph and comments in the news media for purposes consistent with the above.

Signature \_\_\_\_\_

**Parents/Guardians: You can also register for School Cash Online, and have the convenient and secure option of paying for school items using a credit card online, 24/7. You can pay for school items such as trips, club/athletic fees and spirit wear. For online payments please register at <https://abbotsford.schoolcashionline.com> (it takes less than five minutes).**

# Statements of Interest and Intent



## Architectural Drafting, Applied Business Technology, Aviation, Community Support Worker and Health and Human Services applicants

Application to this program is a competitive process. Please give detailed answers (to be completed by student in own handwriting)

Name: \_\_\_\_\_

Program: \_\_\_\_\_

Career Goal: \_\_\_\_\_

1. What have you done to prepare yourself for study in this area (i.e. course work, extra-curricular activities, reading, interviewing people, etc.?)

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2. What have you done to prepare yourself for work in this area (i.e. volunteer work, work experience, job shadow, related job or transferrable job skills, interviewing people, etc.?)

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3. What skills do you have that will help you be successful in this program? \_\_\_\_\_

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4. What interests you about a career in this field? \_\_\_\_\_

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5. What knowledge do you have of this career field? (i.e. opportunities for work, working conditions, wages, etc.?)

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6. What will you do to ensure your success in this program? Speak specifically to attendance, work habits, academic achievement and work experience.

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7. What are your interests outside of school? (hobbies, sports, clubs, special talents, etc.)

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8. Please explain any absences/lates you have this school year \_\_\_\_\_

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# Teacher Reference Form (academic or program elective teacher)



**CONFIDENTIAL** - Please complete the reference and submit in a **sealed** envelope or fax to 604-504-4619.

Student: \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Course you taught this student: \_\_\_\_\_ Grade: \_\_\_\_\_

This student has applied for a seat in the \_\_\_\_\_ Program.

1. The program this student is applying for is academically rigorous, with a **minimum** pass of 70%. The pace is very fast and the student must be self-motivated and able to directly apply what they are learning theory wise to practical work. The ability to think critically is essential to the student success.

**Do you feel the student applying can meet these criteria?**

YES                       POSSIBLY                       NO

2. Could this student be counted on to represent the school district favorably in a college setting?

YES                       POSSIBLY                       NO

3. Do you feel this student has a sincere interest in this District Partnership program?

YES                       POSSIBLY                       NO

4. As tuition for Career & Technical programs is covered by the Abbotsford School District, please help by providing frank comments about this student. This will aid in the selection of appropriate candidates for this program.

	Excellent	Good	Satisfactory	Needs Improvement
Maturity				
Accuracy/ability to follow instructions				
Enthusiasm and interest				
Adaptable – adjusts to new situations				
Follows through on assigned tasks				
Attendance				
Punctuality				
Shows motivation to learn new skills				
Can work independently				
Has positive attitude towards work				
Accepts constructive criticism				
Makes changes as a result of constructive criticism				

Evaluation completed by: \_\_\_\_\_ Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>Preferred start date</b> (choose only one) <input type="checkbox"/> February <input type="checkbox"/> September <input type="text" value="Year"/> <input type="checkbox"/> Other _____	<b>Have you ever applied to UFV?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (include student number if known) <b>UFV student number</b> <input type="text"/>
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**UFV/School District #34 (Abbotsford) program selection (mark one):**

<input type="checkbox"/> Applied Business Technology	<input type="checkbox"/> Automotive Service Technician	<input type="checkbox"/> Community Support Worker	<input type="checkbox"/> Health & Human Services
<input type="checkbox"/> Architectural Drafting Technician	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical Work	<input type="checkbox"/> Welding/Welder Fitter

### Part 1 — Personal information

<b>Legal last name</b> (family name)		<b>Legal first name</b> (in full)		<b>Middle name</b> (if applicable)	
<b>Former last name</b>		<b>Preferred first name</b>			
<b>Mailing address</b> (street number, street)				<b>City or town</b>	
<b>Province</b>	<b>Country</b> (if not Canada)	<b>Postal code</b>	<b>Primary phone</b> <small>Area code</small>	<b>Mobile phone</b> <small>Area code</small>	
<b>Email address</b>			<b>Citizenship</b> <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed Immigrant or Permanent Resident <input type="checkbox"/> Study Permit		
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another Gender Identity		<b>Birthdate</b> Y Y Y Y   M M M   D D			
<b>What is your first language (mother tongue)?</b>		<b>(OPTIONAL)</b> Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, are you:</b> <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit			

### Part 2 — Academic information

<b>BC personal education number</b> <input type="text"/>	<b>Expected high school graduation date:</b> Y Y Y Y   M M M	<b>What is/was the main language of instruction in your last two years of high school?</b>
<b>High School name</b>		<b>City &amp; Province/State</b>

### Part 3 — Declaration

I certify that all information submitted on this application is correct and complete. I understand that submission of this application permits the University of the Fraser Valley to request and/or confirm any information necessary to support my application; that submission of any false statement or documents may result in the cancellation of admission and/or dismissal from the university; and that information on falsifications may be shared with other post-secondary institutions (UFV Policy 70).

I understand the information provided on this application and placed in a student record will be used for the purposes of admission, registration, record keeping, graduation, research, and other purposes consistent with the University Act and Section 26(c) of BC's Freedom of Information and Protection of Privacy Act (FIPPA). For more information, please visit <https://www.ufv.ca/informationprivacy>. Certain student information is provided to partner Institutions, and to Student Societies for voting and membership purposes. Student information may be provided on a confidential basis to Statistics Canada as governed by the Canada Statistics Act, and to the BC Government.

If I am admitted to a program, I agree to abide by the rules and regulations of the university.

<b>Signature</b>	<b>Date</b>
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### OFFICE USE ONLY

<b>Term</b> <input type="text"/>	<input type="checkbox"/> Admit	<b>Application received</b> Y Y Y Y   M M M   D D	<b>Decision code</b> <input type="text"/>	<b>Initials</b> <input type="text"/>
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