

## APPLICANT: Please keep this form for your records

### Program Summary

**Duration:** daytime, February – May of Grade 12 (includes classroom time and work in pit)

**Prior to Program:** Successful completion of

- all required Grade 10 & Grade 11 courses
- English Language Arts 12

**Location:** Yale Secondary and La Farge Pit

**Transportation:** responsibility of student

**Equipment & Textbook costs:** Approximately \$500

**Work Experience:** 240 hours in trade OR Youth Work in Trades (480 hours)

**Certification Received:** Heavy Equipment Operator Certificate of Qualification

### Industry Training Authority (ITA) Youth Train in Trades Program Objectives

ITA Youth Train in Trades is an industry certification program for BC secondary school students. The program enables students to earn both graduation credits and credit for the first level of technical training associated with an ITA Program or apprenticeship. Through Work Experience 12 or Youth Work in Trades 11/12, students can also earn credit towards the on-the-job component of an ITA Program. This is an opportunity for secondary school students to get a head start on earning their credentials in one of the more than 100 trades or industry occupations that are accredited or recognized by the Industry Training Authority.

### Application Requirements:

- I am registered at a secondary school in Abbotsford School District
- I will be under 19 at the start of this program
- I am aware of the details of the program I am applying for, including:
  - costs for any equipment or textbooks
  - location of program and transportation arrangements
  - length of program and days/times program runs
- I have completed all sections of this application to the best of my knowledge, including parent signatures and TRU Application form
- I have attached to this application my most recent report card and/or Check My Progress Interim marks, OR an unofficial transcript or diploma verification
- I have submitted my complete application to my school's Career Facilitator, OR to the District Career Program Office (2606 Alliance St.)
- I understand that if my application is incomplete, it may result in a delay in processing or may be rejected
- I understand that once my application is processed, I will be contacted about the next steps, and if I am a qualified candidate, I will be invited to write an entrance assessment and/or participate in an interview process
- If I am accepted to a Career Program, I understand I must attend a **mandatory** program orientation with a parent



# District Career Programs

## Application for Youth Train in Trades



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

For Office Use Only:

Current Grade & School \_\_\_\_\_

Program Applied for \_\_\_\_\_

*\*please note: a separate application must be completed for each program you wish to apply for*

Please Specify Intended Start Date/Grade \_\_\_\_\_

### For ITA Youth Train in Trades Program Applicants:

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- I have attached to this application my most recent report card and/or Check My Progress Interim marks, OR an unofficial transcript or diploma verification
- I understand that once my application is processed, I will be contacted about the next steps, and if I am a qualified candidate, I will be invited to write an entrance assessment and/or interview process
- If I am accepted to a Career Program, I understand I must attend a **mandatory** program orientation with a parent
- I have picture ID (such as BC ID, BC Driver's License, or a passport). ***If not, please ask for information on how to obtain this as one of these forms of ID will be required to write the final exam.***

I, \_\_\_\_\_ do hereby declare that I will:  
(print applicant name)

- Adhere to the School District Code of Conduct
- Adhere to the Code of Conduct required by the Designated Training Provider
- Attend 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 the Abbotsford School District and associated post-secondary institution.

\_\_\_\_\_  
Applicant's Signature

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

# District Career Programs - Registration



## 1. APPLICANT INFORMATION (please complete ALL sections, and print clearly in ink)

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

Usual Last Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

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

Home Address \_\_\_\_\_

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.

Applicant Primary Phone \_\_\_\_\_ Applicant Alternate Phone \_\_\_\_\_

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

Home School & Current Grade \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Gender Male  Female  Another Gender Identity

(Optional) Do you identify yourself as an Indigenous person? Yes  No

If yes, are you: First Nations  Métis  Inuit

## 2. CITIZENSHIP STATUS

Canadian Citizen or  International Student  Parent/Guardian on Work Permit   
Permanent Resident

## 3. PROGRAM CONSIDERATIONS (Speak to your Counsellor or Career Facilitator if you need assistance completing this section)

**\*Please attach to your application your most recent report card and/or Check My Progress Interim marks, OR an unofficial transcript or diploma verification.**

1. Have you received learning assistance in middle or high school? Yes  No  Unsure

2. Do you have an Individualized Education Plan (IEP)? Yes  No  Unsure

3. Have you been an English Language Learner (ELL) student? Yes  No  Unsure

4. Have you been in a Special Education program in middle or high school? Yes  No  Unsure

If "yes" to #4, which program? \_\_\_\_\_

## 4. PARENT/GUARDIAN INFORMATION

### Primary Contact

Relationship to applicant \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

**Second Contact**

Relationship to applicant \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

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

If **YES**, please explain briefly \_\_\_\_\_

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

**5. MEDICAL INFORMATION**

Dr Name \_\_\_\_\_ Phone \_\_\_\_\_ Care Card Number \_\_\_\_\_

Allergies and/or Conditions \_\_\_\_\_

**Are any of these conditions life threatening?** Yes  No  If **YES**, 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 \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/guardian) (Parent/guardian)

**6. 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**7. 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application to this program is a competitive process. Please give complete, detailed answers handwritten or printed in INK.**

First & Last Name: \_\_\_\_\_

Program Application for:  Automotive Service Technician  Carpentry  Electrician  Horticulture

Heavy Equipment Operator  Welder

Hairstylist – for this program, please indicate if you are **right-handed**  OR **left-handed**

Professional Cook – for this program, please indicate **preferred intake**: September  February

**AND desired grade of entry:** Gr 11  Gr 12

Career Goal or Pathway: \_\_\_\_\_

1. How have you prepared yourself for study in the trades? (for example, in-school or external course work, extra-curricular activities, research)

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2. How have you prepared yourself for work and/or a career in the trades? (for example, volunteer work, work experience, job shadow, related job or transferrable job skills, external course work, certificates, leadership roles)

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3. What skills do you have that will help you be successful in a trade program?

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4. What interests you about a career in the trades?

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5. What knowledge do you have of careers in trades? (for example, opportunities for work, working conditions, wages, etc.?)

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6. What will you do to ensure your success in this trade program? Speak specifically to attendance, work habits, academic achievement, and supports you can access if you are struggling with any aspect of this program.

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

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8. Regular attendance is critical to your success in any trade program. Please explain any absences/lates you have this school year.

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# Teacher Reference Form (academic or elective teacher)



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

**TO THE REFEREE: THIS REFERENCE IS CONFIDENTIAL** - Please complete the reference and return to the student **OR** the Career Facilitator at your school in a **sealed** envelope **OR** fax it to 604-504-4619.

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

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

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 the theory learned in class to his or her practical work. The ability to think critically is essential to student success.

1. Do you feel the student applying can meet these criteria?

YES                       NO                       POSSIBLY\*

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

YES                       NO                       POSSIBLY\*

3. Do you feel this student has a sincere interest in this District Career Program?

YES                       NO                       POSSIBLY\*

*If you selected "POSSIBLY" for one or more of these questions, please use the reverse of this sheet to explain this rating.*

Abbotsford School District will pay the tuition for students enrolled in Career Programs. We appreciate you providing frank comments about this student to aid in the selection of appropriate candidates for this program.

Characteristic/Attribute	Excellent	Good	Satisfactory	Needs Improvement	N/A
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: \_\_\_\_\_ School: \_\_\_\_\_

Ph. & Email: \_\_\_\_\_ Signature: \_\_\_\_\_

**TRADES & TECHNOLOGY DEPARTMENT**  
 805 TRU Way, Kamloops, BC V2C 0C8  
 Tel: 250.828.5106 Fax: 250.828.5492  
 Email: mweisbeck@tru.ca [tru.ca/programs/trades](http://tru.ca/programs/trades)

## Continuing Studies – TRADES Registration Form

<input type="checkbox"/> New TRU Student <input type="checkbox"/> Returning Student	TRU Student # _____ _____
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Personal Information	Surname	Birth Name	
	First Name	Middle Name	
	Permanent Mailing Address		
	City	Province	Postal Code
	Phone Number	Date of Birth <small>DD/MMM/YYYY</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Email	Citizenship Status: <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other	Status: <input type="checkbox"/> Indian/First nation <small>(incl. status, non-status, Treaty and non-Treaty)</small> <input type="checkbox"/> Métis <input type="checkbox"/> Innuit
	NOTES:		
	Emergency Contact Name	Emergency Phone No.	
	Parent Signature	Date <small>DD/MMM/YYYY</small>	

Course Information	Course Code	Course Name	\$ Per Hour	Hours	Fee
	<small>CRN Internal Use Only</small>	Day/Time	Start <small>DD/MMM/YYYY</small>	End <small>DD/MMM/YYYY</small>	
	Course Code	Course Name	\$ Per Hour	Hours	Fee
	<small>CRN Internal Use Only</small>	Day/Time	Start <small>DD/MMM/YYYY</small>	End <small>DD/MMM/YYYY</small>	

Third Party Authorization	<b>Third Party Authorization</b> Pursuant to Thompson Rivers University & Protection of Personal Information policy <a href="http://www.tru.ca/disclaimer/privacy">www.tru.ca/disclaimer/privacy</a> , I hereby authorize Thompson Rivers University to release information concerning my address, registration status, my student account registration data form and payment receipt to the sponsoring agency indicated below.	
	Sponsoring Agency	Email
	Address	Phone
	Parent Authorization Signature	Date <small>DD/MMM/YYYY</small>

<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	ESA Contract _____ _____ <input type="checkbox"/> _____
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