Emergency Medical Responder

JUSTICE INSTITUTE of BRITISH COLUMBIA

ABBOTSFORD SCHOOL DISTRICT CAREER PROGRAMS

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 Cell Phone _____ Applicant Alternate Phone _____

Applicant **personal** email (please print clearly) _____

Home School & Current Grade _____ Year of Graduation _____

Gender Identity Male ☐ Female ☐ Nonbinary ☐

INDIGENOUS ANCESTRY INFORMATION? Yes ☐ No ☐ If yes, Inuit ☐ Metis ☐ First Nations ☐

CITIZENSHIP STATUS

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

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 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? _____

PARENT/GUARDIAN INFORMATION

Primary Contact

Relationship to applicant _____ Last Name _____ First Name _____

Address (if different than applicant) _____

Parent Cell Phone _____ Alternate Phone _____

Email (please print clearly) _____

Second Contact

Relationship to applicant _____ Last Name _____ First Name _____

Address (if different than applicant) _____

Parent Cell 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 ☐

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)

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 _____

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, there 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 _____

Statement of Interest and Intent - EMR

ABBOTSFORD SCHOOL DISTRICT CAREER PROGRAMS

Application to this program is a competitive process. Please give complete and detailed answers below.

First & Last Name: _____

1. Indicate your plans immediately following secondary school graduation (select all that apply):

   ☐ I intend to apply to a university college program (if know, indicate intended program & institution):

   ☐ I intend to enter the workforce full-time or part-time (if known, indicate intended employer/position):

   ☐ Other (briefly explain):

2. Explain your medium-term (2-5 years) and long-term (5-10 years) career plans and goals, and how EMR supports those goals:

3. Explain your interest in EMR, the knowledge you have of this career field and why you feel suited to this career.

4. Explain what your strengths are as a student and as a person:

5. What makes you a good team member? Share a time when you have demonstrated those skills.

6. EMR is a 6 week commitment in addition to an online/pre-reading component.

   Will you be able to reschedule any potentially conflicting activities (work, sports) to ensure you will be in attendance every day throughout the program?

   Is your family supportive of you pursuing this opportunity?

   Do you have reliable transportation to get to training?

7. What are your interests outside of school (eg hobbies, sports, volunteering etc)?

8. Is there anything else you feel is important to share about you?

Teacher Reference Form (academic or elective teacher)

ABBOTSFORD SCHOOL DISTRICT CAREER PROGRAMS

Student 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: _____

Phone & Email: _____ Signature: _____