



Central Okanagan
Public Schools
Together We Learn

Central Okanagan Public Schools

DUAL CREDIT APPLICATION

Train in Trades

STUDENT NAME: _____

SCHOOL: _____ Current Grade: _____

PROGRAM: **Please indicate program** - _____

PROGRAM START DATE: Month: _____ Year: _____

TRADES PROGRAMS

AIRCRAFT MAINTENANCE ENGINEER-STRUCTURES
AIRCRAFT MAINTENANCE ENGINEER-"M" MECHANIC
AUTO COLLISION REPAIR/REFINISH TECHNICIAN
AUTO SERVICE TECHNICIAN
CARPENTRY FOUNDATION
CARPENTER JOINER
CULINARY ARTS
ELECTRICAL FOUNDATION (OC)
HAIRDRESSING: (*Right handed* *Left handed*)

HEAVY MECHANICAL TRADES
PASTRY ARTS
PLUMBING & PIPING
REFRIGERATION & A/C MECHANIC
WELDING

STUDENTS: Use the checklist below to ensure your application is "**complete**" before handing it into the Career Centre.

- 1. ***Central Okanagan Public Schools application form**
***Skilled Trades BC Youth Apprenticeship Sponsor Registration Form.**
- 2. **Job Profile** Research Project
- 3. **Program Shadow**
- 4. **Teacher recommendation** (Teacher should be from a related program).
- 5. A copy of your **Birth Certificate** or Canadian Citizenship.
- 6. A record of your **attendance** (Career Centre will provide).
- 7. A copy of your school **DVR** (gr 10-12) (Career Centre will provide).
- 8. **Transition Plan** – signed by CPC OR Counselor, parents, and student.



CENTRAL OKANAGAN PUBLIC SCHOOLS APPLICATION FORM

PLEASE PRINT CLEARLY

Name* _____
Last Name First Name Middle Name

Address* _____ City* _____

Home Phone* _____ Student Cell _____ Postal Code* _____

Date of Birth (mm/dd/yyyy)* _____ SIN* _____

Are you of Indigenous Heritage?* Yes No

Canadian Citizen* Yes No Permanent Resident Yes

Student email address:* _____
NOT SD23 SCHOOL EMAIL, NO PARENT EMAIL, (USE GMAIL, HOTMAIL, ICLOUD ETC.)

Parent email address:* _____

Parent / Guardian Contact* _____

Home Phone * _____ Work/Cell* _____

Emergency Contact Person _____

Home Phone _____ Work/Cell _____

*Are you currently on an IEP or Learning Plan? No Yes If yes, please specify which one:
 IEP Learning Plan Behavior Support Plan

If you have access to an employer in your **area of study**, please list the following:

Name of Employer/Contact _____

Company _____

Phone # _____

I/We certify the information given in this application is true and complete to the best of my knowledge and understand that, if selected for a Dual Credit Program, falsified statements may be reason for removal. I authorize investigation of all statements contained herein and the references listed in this application. I allow the Dual Credit Programs Department to communicate to all Post-Secondary Institutions for educational purposes relating to my selected field of study. I allow the Dual Credit Programs Department to use any work or school related picture of myself for the purpose of promotion and communication of the program.

Student Signature* _____ Date* _____

Parent/Guardian Signature* _____ Date* _____

All signatures must be in place before application is accepted.

YOUTH TRAIN IN TRADES REGISTRATION FORM

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

A. STUDENT INFORMATION

*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer	Personal Education Number (PEN):
*Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Primary Phone Number: ()	Secondary Phone Number: ()	*Email Address:
Do you agree to receiving updates via SMS to your primary phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Do you self-identify as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		

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 SkilledTradesBC for the purpose of registering the student with SkilledTradesBC 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.

Student's Signature:	Date (MM/DD/YYYY)
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 OR INDEPENDENT BOARD AUTHORITY)

Program Type (Select one): <input type="checkbox"/> Level 1 <input type="checkbox"/> Foundation	TRAIN Intake (MM/YYYY):	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
*Trade Name:			

JOB PROFILE RESEARCH PROJECT

Provide thoughtful and insightful responses to each question. Answers to these questions will help determine a student's commitment and readiness to start a Dual Credit Program.

RESEARCH through either the internet, a tradesperson or instructor of a Dual Credit Program.

- <https://skilledtradesbc.ca/become-an-apprentice>
- www.okanagan.bc.ca

Name of the Trade/Dual Credit Program: _____

1. Describe your Dual Credit Program: _____

2. What are some of your job duties and responsibilities in this occupation?

3. What are the pathways to becoming certified in your trade? (*See the Skilled Trades BC program profile for your trade on the Skilled Trades BC website*)

4. How many levels of training are available in your trade? Is this a Red-Seal Trade?

5. What is required to successfully complete each level of training? Include exam(s) and passing grades. (*Refer to the program profile from the Skilled Trades BC website.*)

6. Schools in BC that offer the Program: _____

7. Salary Expected: (*indicate the source where you found the expected wage*). _____

8. Based on your research, are there any workshops, high school courses, or certificate courses that are regarded as being useful to have, in looking for employment in this career? (i.e.: WHMIS, First Aid, Work Safe, Food Safe, Serving it Right, CISCO, STAR etc.) _____

DUAL CREDIT PROGRAM SHADOW

Provide thoughtful and insightful responses to each question. Answers to these questions will help determine a student's commitment and readiness to start a Dual Credit Program.

What did you do on your Program Shadow?

What did you enjoy the most?

What did you enjoy the least?

What are some of the safety factors associated with this trade?

What are some things you found out about this trade that you did not know before?

Based on your research and Program Shadow...are you still interested in this trade/career? Why?

TEACHER RECOMMENDATION

A teacher related to the program the student is applying for should complete the Teacher Recommendation. The information on this recommendation will be used to determine candidates for the Central Okanagan Public Schools Dual Credit Programs. A quality response to the general comments section is also important.

Student Name: _____

Teacher: _____ **Class:** _____

School: _____ **Teacher Phone #:** _____

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
1. Attendance/Punctuality Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Work Ethic Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attitude Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mechanical Ability in Field Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative/Motivation Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Interpersonal Skills/Citizenship Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. General Comments: _____				

Teacher Signature: _____ **Date:** _____

DUAL CREDIT TRANSITION PLAN

Date: _____

Last Name: _____ First Name: _____

School: Central GESS KSS MBSS OKM RSS
 (circle one)

☞ Make an appointment with your Career Coordinator/Counsellor to develop an Education/Transition Plan.

1. Courses selected must meet the current graduation requirements. You may need to modify your timeline to achieve this. *(Students must graduate when they complete their Dual Credit program.)*
2. Attach DVR

REQUIRED COURSES <i>(52 credits)</i>				ELECTIVE COURSES <i>(28 credits)</i>	
Course	Credits	Course	Credits	Students can choose to complete elective courses through a Dual Credit Program. Select one below	
English 10	4	English 11	4	Transition Pathway	
Fine Arts 10	4	Social Studies 11,	4	<input type="checkbox"/> Business	<input type="checkbox"/> Health
Science 10	4	Science 11 or 12	4	<input type="checkbox"/> Technology	<input type="checkbox"/> Science
Math 10	4	Math 11 or 12	4	<input type="checkbox"/> Communications	<input type="checkbox"/> Trades
Social Studies 10	4	English 12	4	<input type="checkbox"/> Other	
PE 10	4	Career Life Connections 12	4	Specify Pathway:	
Career Life Education 10	4	Indigenous Credit	4		

Grade 11		Grade 12		POST-SECONDARY
<i>Sem 1</i>	<i>Sem 2</i>	<i>Sem 1</i>	<i>Sem 2</i>	<i>(Transition Program/Course(s))</i>
Total Credits:		Total Credits:		Total Credits:
		Predicted Graduation Date		

Student Signature

Parent/Guardian Signature

Career Coordinator/Counsellor Signature