



Complete this package with support from your school Career Coordinator or Counsellor. Submit it to your school Career Centre. This application helps students explore a program and provides consistent information for selection when applications exceed available seats. **Grade eligibility:** All sampler programs are intended for students in Grades 10-12, with the exception of the Health Sampler, which is intended for students in Grades 11-12 only.

Program Information

Student Name _____ School _____

Current Grade _____

Application Checklist

- ☐ Student and Family Information Form
- ☐ Application Questions
- ☐ School-Based Student Readiness Information
- ☐ Consent to Release Information
- ☐ Attendance record (provided by school)
- ☐ Student DVR / transcript (provided by school)
- ☐ IEP and/or Learning Plan (attach only if applicable)
- ☐ SkilledTradesBC Youth Explore registration - Construction / Motive only

How Student Selection Works

Step 1 - Eligibility and Complete Application: Students must meet the grade eligibility stated above and any program-specific entrance and funding requirements. Submit the applicable checklist items, including the SkilledTradesBC Youth Explore registration for Construction and Motive only. With school support, review how the sampler fits the student's timetable and graduation plan.

Step 2 - Program Familiarization: Okanagan College samplers do not require a program shadow. CAT applicants must complete a CAT camp, program shadow, or orientation/info session with the CAT High School Liaison before final acceptance. All applicants should understand the program schedule, attendance expectations and transportation arrangements.

Step 3 - Selection When Demand Exceeds Seats: If qualified applications exceed available seats, the district uses a common selection framework. Reviewers consider interest in exploring the program area, readiness for a post-secondary learning environment, relevant learning experiences, school-based readiness information, equity and access, and how the sampler supports the student's educational goals.

No single factor determines selection. Grades, attendance, school-based information, relevant courses and career exploration experiences are considered in context. Samplers introduce students to possible pathways; students do not need a settled career choice. Additional exploration may help demonstrate interest, but completing more activities does not by itself determine selection.

Please check the Explore Sampler Program you are applying for:

All sampler programs begin in Semester 2 except the Technology Sampler program, which begins in Semester 1.

☐ Construction Sampler (OC)	☐ DesignXcel: Interior Design Sampler (CAT)
☐ Engineering Sampler (OC)	☐ Health Sampler (OC)
☐ Machine Learning and AI Sampler (OC)	☐ Motive Sampler (OC)
☐ SoundStart: Audio Engineering Sampler (CAT)	☐ Technology Sampler (OC)
☐ VetEssentials (CAT)	

After acceptance: Non-refundable deposits: \$50 for Engineering, Health, Machine Learning and AI, Technology, and CAT samplers. Construction/Motive: \$100 deposit toward a \$200 program fee, with \$100 due after the program starts. CAT: students pay books, supplies and ancillary fees.

Student Name	_____	Date of Birth	_____
	First Name, Last Name (Print Clearly)		
Address	_____	City / Postal Code	_____
Home Phone	_____	Student Cell	_____
Student Email Address	_____		
	Not SD23 school email. No parent email. (Use Gmail, Hotmail, iCloud, etc.)		
Parent/Guardian Name	_____	Parent Email	_____
Emergency Contact Name	_____	Emergency Contact Phone	_____

Citizenship / Registration Information

Canadian Citizen	☐ Yes ☐ No	Permanent Resident	☐ Yes ☐ No
Social Insurance Number (SIN)	_____		

Voluntary Equity & Access Information

This section is optional. Students may share information they would like the District Dual Credit Selection Team to consider when applications exceed available seats. Information is used only to provide context and support equitable access. Students may choose not to answer.

- ☐ I self-identify as First Nations, Métis or Inuit.
- ☐ I would be the first generation in my immediate family to pursue post-secondary education.
- ☐ I am applying to a career area in which people of my gender are significantly underrepresented.
- ☐ I have experienced barriers that have limited my access to career exploration, employment, transportation, extracurricular activities or other pathway-building opportunities.
- ☐ There is other context I would like the selection team to understand.

Optional context: Please share anything you believe would help the selection team understand your educational journey, responsibilities, experiences, barriers or recent growth.

Learning Supports

Are you currently supported by an IEP, Learning Plan, Behaviour Support Plan, accessibility accommodation or another learning support? ☐ No ☐ Yes

This information is collected for transition and support planning. It is not used as a negative selection factor.

I/We certify that the information provided in this application is true and complete to the best of our knowledge. If selected, I/We authorize the District Dual Credit Office to communicate with the applicable post-secondary institution and relevant school staff for educational, registration and transition-planning purposes.

Student Signature	_____	Date	_____
Parent/Guardian Signature	_____	Date	_____

APPLICATION QUESTIONS

Explore Sampler Programs | Student reflection

Complete these questions in your own words. Writing style and polish are not being assessed. Thoughtful, specific responses help the District Dual Credit Selection Team understand your interest and readiness.

1. Why do you consider yourself a good candidate for this sampler program?

Describe your interests, values and/or skills that will help you succeed.

2. What do you hope to learn or accomplish by taking this sampler program?

3. What is your transportation plan?

Explain how you will travel to and from the program site for all scheduled classes and labs.

SCHOOL-BASED STUDENT READINESS INFORMATION

Contextual information - not a recommendation or school ranking

To be completed by a teacher, Career Coordinator, Counsellor or other school staff member who knows the student well. This form provides contextual information to the District Dual Credit Office. You are **not** being asked to recommend, rank or select the student.

Student _____ **Staff Member** _____

School _____ **Role / Course** _____

Area	Strong Evidence	Evidence	Developing	Limited / Unknown
Attendance / punctuality	☐	☐	☐	☐
Reliability / follow-through	☐	☐	☐	☐
Ability to work independently	☐	☐	☐	☐
Ability to receive feedback / direction	☐	☐	☐	☐
Work habits / task completion	☐	☐	☐	☐
Communication / help-seeking	☐	☐	☐	☐
Initiative / motivation	☐	☐	☐	☐
Relevant technical skills (if known)	☐	☐	☐	☐
Recent growth / improvement (if known)	☐	☐	☐	☐

Additional context or strengths that may help the district understand this student's readiness:

School Staff Member Signature _____ **Date** _____

CONSENT TO RELEASE INFORMATION

Explore Sampler Programs | School district and named post-secondary institution

Select one post-secondary institution below before signing. This consent applies only to the selected institution and Central Okanagan Public Schools (SD23), for the sampler program identified below.

Student and Program Information

Student Name

Date of Birth (DD/MM/YYYY)

Post-secondary Institution (select one)

☐ Okanagan College

☐ College of Arts and Technology

Sampler Program

Consent to Exchange Information

I authorize **Central Okanagan Public Schools (SD23)**, through its **Dual Credit Office and relevant school staff**, to release the program-related information listed below to the **post-secondary institution selected above**. I also authorize that institution to release the same types of program-related information to SD23.

This exchange is for processing my application, confirming eligibility and enrolment, coordinating program participation and supports, monitoring progress, administering program fees and district funding, and recording dual credit toward graduation.

Information Covered by This Consent

- Identification and contact details, including student identifiers as required for registration.
- Application status, admission decisions, missing documents and relevant deadlines.
- Enrolment, attendance, program progress, academic standing, grades and transcripts.
- Program fees, payment status and district sponsorship or funding information.
- Relevant IEP / Learning Plan information needed to coordinate agreed learning supports.

This consent does not authorize public promotion or media use, or release of unrelated medical or counselling records. An institution may require its own additional consent form for specific records or services.

Effective Dates and Student Authorization

From (DD/MM/YYYY)

To (DD/MM/YYYY)

Enter an end date no more than two years after the start date. I may withdraw or amend this consent by notifying both SD23 and the named institution in writing. Withdrawal applies to future sharing and does not undo information already released under this consent.

Student Signature

Date (DD/MM/YYYY)

By signing, I confirm that I have read and understand this consent and agree to the information exchange described above.

YOUTH EXPLORE PROGRAM STREAM REGISTRATION FORM

FOR CONSTRUCTION AND MOTIVE SAMPLER PROGRAMS ONLY

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: ☐ Man ☐ Woman ☐ Non-Binary ☐ 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? ☐ Yes ☐ No		
*Do you identify yourself as an Indigenous person? ☐ Yes ☐ No		

B. PARENT/GUARDIAN'S INFORMATION

I, _____		
(print surname followed by given names of parent/guardian)		
of _____		
(street address)	(city, town)	(postal code)
Declare that:		
1. I am the ☐ custodial parent ☐ legal guardian of the minor named above; and,		
2. 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.		
3. 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 ☐ Youth Explore Trades Sampler ☐	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
Partnering Training Provider for Youth Explore Trades Sampler:		