



Central Okanagan Public Schools

DUAL CREDIT APPLICATION

Train in Trades

STUDENT NAME: (please print clearly) _____

SCHOOL: _____ (Grade 12's only)

PROGRAM: **Heavy Equipment Operator**

PROGRAM DATES: APRIL to JUNE 2027

Use the checklist below to ensure your application is "complete"

before handing it into the Career Centre.

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

Central Okanagan Public Schools - Registration

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

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 Behaviour 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.

COMMUNITY EDUCATION & WORKFORCE TRAINING

805 TRU Way, Kamloops, BC V2C 0C8
Tel: 250.828.5106 Fax: 250.828.5492 Email: csinfo@tru.ca

Community Education
Registration Form

<input checked="" type="checkbox"/> New TRU Student	TRU Student #
<input type="checkbox"/> Returning Student	_____

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

Course Information	Course Code XWRK 0630	Course Name Roadbuilder Foundation	\$ Per Hour	Hours	Fee
	CRN <small>Internal Use Only</small>	Day/Time CRN 22539	Start DD/MMM/YYYY 03-Feb-2027	End DD/MMM/YYYY 28-Feb-2027	
	Course Code XDRV 0530	Course Name Heavy Equipment Operat	\$ Per Hour	Hours	Fee
	CRN <small>Internal Use Only</small>	Day/Time CRN 22537	Start DD/MMM/YYYY 03-Mar-2027	End DD/MMM/YYYY 11-Apr-2027	

Third Party Authorization	Third Party Authorization Pursuant to Thompson Rivers University & Protection of Personal Information policy www.tru.ca/disclaimer/privacy , 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 School District No. 23 - Kelowna	Email _____	
	Address 1040 Hollywood Rd, Kelowna, BC V1X 4N2	Phone 250-860-9729	
	Student Authorization Signature _____	Date DD/MMM/YYYY _____	

Financial Information	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque (payable to TRU) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MASTERCARD VISA <input type="checkbox"/> Debit AMEX			TOTAL FEES \$ 0.00 GST 3 R118838531
	Card # _____			<input checked="" type="checkbox"/> ESA _____
	Expiry Date _____			<input type="checkbox"/> Sponsored _____
	Name of Cardholder _____			

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: 1. I am the <input type="checkbox"/> custodial parent <input type="checkbox"/> 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.

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.tru.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, STAREtc.) _____

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>
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1. Attendance/Punctuality

Comments:

2. Work Ethic

Comments:

3. Attitude

Comments:

4. Mechanical Ability in Field

Comments:

5. Initiative/Motivation

Comments:

6. Interpersonal Skills/Citizenship

Comments:

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 (52 credits)				ELECTIVE COURSES (28 credits)	
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 (Transition Program/Course(s))
<i>Sem 1</i>	<i>Sem 2</i>	<i>Sem 1</i>	<i>Sem 2</i>	
Total Credits:		Total Credits:		Total Credits:
		Predicted Graduation Date		

Student Signature

Parent/Guardian Signature

Career Coordinator/Counsellor Signature