

DUAL CREDIT APPLICATION

EXPLORE HEALTHCARE

STUDENT NAME: _____ Current Grade: _____

SCHOOL: _____ Grad Year: _____

PROGRAM: **Health Sampler**

PROGRAM START DATE: Month: **January** Year: _____

HEALTH SAMPLER

Grade 11 & 12 students only

Health Office Administration: Medical Office Assistant and Nursing Unit Assistant

Dental Health: Certified Dental Assistant

Pharmacy: Pharmacy Technician

Nursing: Health Care Assistant and Practical Nursing

Social Work and Counselling: Human Service Work

Allied Health: Therapist Assistant and Kinesiology

Guest speaker panels

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

- ☐ 1. Central Okanagan Public Schools **Application Form**
- ☐ 3. **Okanagan College Consent to Release Information form**
- ☐ 4. **Application Questions** – Clear and concise responses to the questions
- ☐ 5. **Teacher Recommendation**
- ☐ 6. **IEP & Learning Plan** – Attach only if you have one
- ☐ 7. Program Shadow – **NOT REQUIRED**

Students shall receive 4 elective credits towards graduation for the successful completion of the sampler program.

Accepted applications will be required to submit a \$100 non-refundable deposit for the program upon acceptance to confirm their seat in the program.

CENTRAL OKANAGAN PUBLIC SCHOOLS

APPLICATION FORM

PLEASE PRINT

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 ☐ 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.

APPLICATION QUESTIONS

PLEASE PRINT

1. Why do you consider yourself a good candidate for the Health Care Sampler Program? Please discuss any interests, values and/or skills that you feel will help you succeed in the program.

2. What do you hope to learn or accomplish by taking the Health Care Sampler Program?

3. What is your transportation plan? The **Health Care Sampler** Program is located at Okanagan College (1000 KLO Rd, Kelowna) **2 times per week in the evening Tues. & Thurs. and labs twice a month on Saturdays.**

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:** _____

CONSENT TO RELEASE INFORMATION

contained in student academic records

In order to comply with privacy legislation and College policy, any student who wishes Okanagan College to release their information to a third party must complete and sign this form or fill in the online form in their myOkanagan account.

Note: Many departments have their own release of information forms; for example, Disability Services and Counselling. Please contact them directly for a release form.

STUDENT PROFILE

Legal Last Name: _____ **Legal First Name:** _____

OC Student ID: _____ **Date of Birth (dd/mm/yy):** _____

Add Release (only one person per release)

Name (First and Last): _____ Central Okanagan Public Schools – Dual Credit Programs

Relationship to you:

☐ Citizenship & Immigration Canada

☐ Friend

☒ School District

☐ Other: _____

☐ Employer

☐ Lawyer

☐ Sponsor

☐ Family

☐ Parent

☐ Spouse

Note: Select "All" and enter the effective dates to consent all of the items to be released. Or select specific items and enter the effective dates to consent to the specified items to be released.

Effective Dates (maximum of 2 years): **From:** _____ **To:** _____
(today's date) (two years from today's date)

INFORMATION TO RELEASE

<input checked="" type="checkbox"/> All current information listed below	<input type="checkbox"/> Status of application <i>Application decision, outstanding items and deadlines</i>
<input type="checkbox"/> Name	<input type="checkbox"/> Financial information <i>Tuition, fees, fines, invoices/statements/receipts and tax receipts, which all may include your program, name, address and student ID</i>
<input type="checkbox"/> Address	<input type="checkbox"/> Transcript of academic record and confirmation of enrolment <i>Official or unofficial transcript and related information, including grades, academic standing, and current, past, future registrations. Transcripts may include your name, address, and student ID</i>
<input type="checkbox"/> Phone	<input type="checkbox"/> Media information <i>All images and sound recordings in any media for any purpose</i>
<input type="checkbox"/> Email	<input type="checkbox"/> Other: _____

You may rescind or amend this authorization in writing or in your myOkanagan account at any time.



Signature: _____ **Date:** _____

Submit the completed form with an original signature to the Registrar