CAREER PROGRAMS
Vancouver School Board

Health Exploration Courses – Dual Credit Application

PLEASE PRINT CLEARLY USING A BLACK OR BLUE PEN

INSTRUCTIONS FOR THIS PACKAGE ARE INCLUDED ON THE LAST PAGE

STUDENT INFORMATION

Legal LAST Name (family name)	Legal FIRST Name (given name)	Middle Name(s)	
PEN #	Student Number	Birth Date (DD/MM/YYYY)	Current Grade
Mailing Address (number and street)		Gender Pronoun (he/she/they/ze)	
City and Postal Code	Student Cell Phone	Student email	
Home Phone	Parent Phone	Parent email	
Counsellor Name	School Name	Grad Date (MM/YYYY)	

ADDITIONAL STUDENT DETAILS

Driver's License (select one) ☐ "L" Driver ☐ "N" Driver ☐ None	Citizenship (select one) ☐ Canadian ☐ Permanent Resident (PR) (Student must be one of these to apply)	Indigenous ☐ Yes ☐ No Social Insurance Number (to confirm eligibility)
BC Care Card #	Family Doctor	Doctor Phone

Describe any medical/physical conditions that the school should be aware of or that might affect performance (e.g., diabetes, epilepsy, asthma, allergies, previous physical injuries, etc.) To meet student needs, please ensure current documentation/assessment information is attached.

Emergency Contact	Home Phone	Cell Phone	Relationship to Student

Describe any special needs that the school should be aware of or that might affect performance and/or participation in the course (e.g., learning disability, ADD/ADHD, physical disability, etc.). To meet student needs, please ensure current documentation/assessment information is attached.

APPLICATION ACKNOWLEDGEMENT

Parent/Guardian Acknowledgement and Signature (Please check YES or NO for each box)

☐ YES ☐ NO	I grant my child permission to participate in this Dual Credit Program with the Vancouver School District and the Post-Secondary program partner and that the information contained herein will be provided to the instructor.
☐ YES ☐ NO	I hereby grant permission to VSB personnel to take photographs of my child. These pictures may be used in Career Programs publications and on the VSB website at any time for the purpose of promotion and celebration of student success.
☐ YES ☐ NO	I understand and hereby agree to the Student Transition Plan
☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO	I hereby grant permission to VSB personnel to: • obtain information and/or records from other appropriate agencies; • release information and/or records to other appropriate agencies; and/or • discuss pertinent information with representatives from appropriate agencies on a strictly confidential basis.

Parent/Guardian Name	Parent/Guardian Signature	Date (DD/MM/YYYY)

Student Acknowledgement – I certify that all the statements made on this application are true and complete.

Student Signature	Date (DD/MM/YYYY)

For Career Programs Office use only			Date Received	
☐ Entered in DCMS	☐ Resume Attached	☐ DVR/GSUR Attached	☐ Designation	Program

Health Exploration Courses – Dual Credit Application

Please place a checkmark in the box of the course(s) you are applying for below. Students can apply for more than one course.

Tuition for Dual Credit programs is funded by the Vancouver School District (SD39) for students whose application is accepted. Course and student fees are payable by the student and are NOT funded by SD39. These include a variety of college fees such as student union, uniform, PPE, tools, textbooks, etc. Estimated approximate costs are noted below.

❒ Health Horizons – HLTH 1000 January – February (total of 4 days online, asynchronous) March – (1 day in-person, BCIT Burnaby) Supplies, textbooks, and equipment	TBD	Due December 1st
❒ Preparation for Nursing Education – NURS 1005 March 15-19, 2027 Supplies, textbooks, and equipment	TBD	Due December 1st

Note: If you are applying to BOTH courses, which course is your number one choice: _____

By providing your signature below you are acknowledging:

- The additional fees above are the student's responsibility and are not funded by the VSB. Fees listed above are subject to change and are determined by the post-secondary institution.
- Students must meet any post-secondary pre-requisites and/or minimum grades required to be admissible to the post-secondary course.
- Students must be committed to attending all in-person instruction, completing all assigned online or in-person learning activities, and participating in clinical simulations and/or practical tasks.

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date (DD/MM/YYYY)

Next Steps:

Shortlisted students will be contacted for a group informational interview after the application deadline has passed. Late applications are welcome but may be considered after those submitted prior to the deadline. If you are accepted into the program, you must:

- follow the instructions in your acceptance letter
- return any documents to be signed
- attend a mandatory orientation session

STUDENT STATEMENT OF INTEREST AND COMMITMENT

Student Name: _____

Please answer the following questions to the best of your ability. Please print clearly.

1. What have you done to prepare yourself for study and work in this field? (e.g., related job or volunteer experience, extra-curricular activity or courses, reading, interviews with people, etc.)

2. Explain the skills/talents you have that will help you succeed in the healthcare sector.

3. What interests you most about this career path?

4. Tell us about your interests outside of school (e.g., hobbies, sports, clubs, special talents, etc.)

5. Describe what you will do to be successful in this course.

6. Tell us about your attendance and punctuality (at school and/or at work).

STUDENT TRANSITION PLAN

Student Name: _____

Students are required to complete a minimum of 80 credits in Grades 10 through 12 for graduation. To verify your transition plan, please ask your counsellor or administrator to attach a recent copy of both your Diploma Verification Report and Grad Status Update Report to your application.

Please ensure that you have considered your graduation requirements in your Transition plan.

Education/Career Goals
List three short-term Education/Career Goals (6-12 months) 1. 2. 3.
List three long-term Education/Career Goals (6-12 months) 1. 2. 3.
Where do you see yourself in 5 to 10 years?
What specific career do you see yourself attaining by your successful completion of this course?

Transition Plan Acknowledgement	
If the program applied for is followed and all courses are passed, _____ will graduate in June _____ (year of graduation) with a Dogwood Certificate.	
School Counsellor Signature	Parent/Guardian Signature
Student Signature	Date (DD/MM/YYYY)

SCHOOL RECOMMENDATION

Please have a School Counsellor or an Administrator from your school complete this page.

Student Name: _____ Grade: _____

This student has applied for a Health Exploration course:

Course Name: ☐ Health Horizons ☐ Preparation for Nursing Education

The information in this recommendation will be used to help determine the student's suitability. Please check all that apply.

- ☐ The student has demonstrated interest in the course.
- ☐ The student's parent(s)/guardian(s) has/have shown an interest and support.
- ☐ I have interviewed this student and believe the student has a clear understanding of the course, its purpose, its implications for graduation, and conditions for acceptance.
- ☐ I have reviewed the student's academic plan to ensure they meet academic pre-requisites for the course.
- ☐ Current documentation of any learning or medical disability is provided, if applicable.
- ☐ I have reviewed the student's completed application package.
- ☐ We have reviewed costs associated with the course and the student and parent understand they are responsible for costs of textbooks, equipment, supplies, etc.

Please rate this student's suitability and readiness for a post-secondary course:

☐ EXCEPTIONAL ☐ STRONG ☐ ACCEPTABLE

Please provide us with any further comments:

_____

_____

_____

_____

_____

_____

Recommendation completed by:

Name: _____ ☐ Administrator ☐ Counsellor

Signature: _____ Date (DD/MM/YYYY): _____ Telephone: _____

TEACHER REFERENCE FORM

Only Vancouver School Board teachers who know your practical skills and abilities may complete this form.

Student Name: _____ Grade: _____

This student has applied for a Health Explorations course.

Please assess this student based on your observations and interactions in a science or math course.								
4 exceeds expectations	3 meets expectations	2 minimally meets expectations	1 not yet meeting expectations	4	3	2	1	n/a
Daily attendance and punctuality								
Work ethic and attitude								
Takes initiative, motivated, effective work habits								
Ability to follow instructions								
Attention to details								
Decision-making skills								
Ability to work with others								
Ability to read technical drawings/manuals								

Please comment on the student's traits/characteristics, based on your interactions in science or math course.

1. How have you seen this student display interpersonal skills, empathy, and the ability to deal with stressful situations in relation to fellow students?

_____

2. Please comment on this student's written and spoken communication skills.

_____

3. How has this student demonstrated their mechanical ability and hand-eye coordination.

_____

Do you feel that this student follows established safety rules and safe work practices? ☐ YES ☐ POSSIBLY ☐ NO

Could this student be counted on to represent the school favorably in a training or work setting? ☐ YES ☐ POSSIBLY ☐ NO

Do you feel this student has a sincere interest in this course? ☐ YES ☐ POSSIBLY ☐ NO

Would you like a private conversation about this student? ☐ YES ☐ NO

Please provide us with further comments: _____

_____

_____

Recommendation completed by:

Name: _____ Subject area: _____

Signature: _____ Date: _____

Telephone: _____

Teachers can send this form directly to Career Programs via email or the blue bag. It is not necessary to provide a copy to your student.

VSB CAREER PROGRAMS
Vancouver School Board

Instructions for Health Exploration Course Application

Step 1 – Gather information

- ❒ Meet with your school Counsellor to get an understanding of the two options, when they will occur, and how it may impact your graduation plan.
- ❒ Find out more about the career through work experience, job shadowing, volunteering, or networking.

Step 2 – Complete the application pages

- ❒ Student information, details, and application acknowledgement
- ❒ Choose the course(s) you're applying to
- ❒ Understand and plan to fund the course fees
- ❒ Statement of Interest and Commitment
- ❒ Student Transition Plan

Step 3 – Request Teacher/Counsellor References

- ❒ School Recommendation (Counsellor or Administrator)
- ❒ Teacher Reference (science or math teacher strongly preferred)

Note: these references can be sent separately and directly to careerprograms@vsb.bc.ca.

Step 4 – Attach additional required documents

- ❒ Grad Status Update Report (request from Counsellor)
- ❒ Diploma Verification Report (request from Counsellor)
- ❒ Current documentation of any medical or learning disabilities
- ❒ Resume

Step 5 – Submit Application

- ❒ Provide your completed application to your school Counsellor or Administrator
- ❒ Ask your Counsellor or Administrator to review the application and submit it to Career Programs (by Blue Bag to Career Programs) or by email to careerprograms@vsb.bc.ca

Please note:

Dual Credit program requirements – Students must:

- be a Canadian citizen or Permanent Resident
- be enrolled in a Vancouver School District school
- be going into grade 11 or 12 (not graduated)
- meet academic standard required for specific program or course
- intend to complete secondary school graduation requirements
- obtain licenses/certificates required by training providers/employers (e.g., Driver's License, FOODSAFE, WHMIS, etc.)

Application submission – Please ensure you:

- complete the checklist above before submitting
- send your application to Career Programs as per instructions above
- submit by deadline (either December 1st or March 1st)

Please note that incomplete applications will be returned.