

VSB CAREER PROGRAMS
 Vancouver School Board
DUAL CREDIT PROGRAM – Trades Sampler

PLEASE PRINT CLEARLY

| STUDENT INFORMATION | | |
|---|---|--|
| Name: _____ Grade: _____ Email: _____ | | |
| PEN #: _____ VSB Student #: _____ Birthdate (DD/MM/YYYY): _____ | | |
| Home School: _____ Grad Date (MM/YYYY): _____ School Counsellor: _____ | | |
| Program of Interest | Application Deadline | |
| BCIT ™ Trades Sampler (February – May) BCIT Burnaby Campus, 3700 Willingdon Avenue 14 weeks (Monday – Friday) | March 1 each year | |
| Student Requirements: <ul style="list-style-type: none"> - Canadian citizen or Permanent Resident - enrolled in a Vancouver School District school - mature attitude suitable to the program - obtain licenses or certificates required by employers (e.g., Driver’s License, WHMIS, etc.) - intend to complete secondary graduation requirements - arrange their own transportation - meet academic standard required in specific program | | |
| Application Checklist Place a check mark (✓) beside each step once complete. | | |
| Step 1: Gather Information | | |
| <input type="checkbox"/> Meet with your school Counsellor/Teacher to get an understanding of the program, how it will be delivered, and how it will impact your graduation plan. | | |
| <input type="checkbox"/> Find out more about the career through work experience, job shadowing, volunteering, or networking. | | |
| Step 2: Complete and attach the following | | |
| <input type="checkbox"/> Application Cover Page | <input type="checkbox"/> Application Checklist | <input type="checkbox"/> Student Statement of Interest & Commitment |
| <input type="checkbox"/> Program Research | <input type="checkbox"/> Application of Admission | <input type="checkbox"/> Student Transition Plan |
| <input type="checkbox"/> Consent for Release of Information | <input type="checkbox"/> Teacher Reference (teacher to complete and return to our office) | <input type="checkbox"/> Current documentation of any medical or learning disabilities |
| <input type="checkbox"/> School Recommendation | <input type="checkbox"/> Diploma Verification Report | <input type="checkbox"/> Current Resume |
| Step 3: Application Fees | | |
| By taking a Dual Credit program while in high school, SD39 students will save the cost of tuition as this cost is covered by the Vancouver School District #39. However, program and student fees such as textbooks, equipment and student fees are not covered. Students are responsible for these fees. | | |
| <input type="checkbox"/> By checking this box, you and your parent/guardian are aware the fees that the student must pay for this program are approximately \$500. | | |
| Step 4: Submit Application | | |
| <input type="checkbox"/> Forward your completed application package to your school Counsellor or Teacher. | | |
| <input type="checkbox"/> Meet with your Counsellor/Teacher to review the application. Once complete, forward the complete package to: <ul style="list-style-type: none"> o VSB blue bag to Career Programs o Email it to careerprograms@vsb.bc.ca o Mail it to Career Programs, 1580 W Broadway, Vancouver, BC V6J 5K8 | | |
| What will happen next: <ul style="list-style-type: none"> - Check your email. You will be contacted by email only once your application has been received. - A Career Programs staff member will provide you information about your interview date and time. - You may be asked to participate in an information session for your program area. | | |
| If you are accepted into the program, you will: <ul style="list-style-type: none"> - Meet with your Counsellor to make the appropriate changes to your timetable. - Attend the mandatory student and parent orientation night. | | |
| Applicant & Parent/Guardian Signature: I certify that all statements in this application are true and complete. | | |
| _____ | _____ | _____ |
| Applicant Signature | Parent/Guardian Signature | Date (DD/MM/YYYY) |
| _____ | _____ | _____ |
| Parent/Guardian Name | Parent/Guardian Signature | Date (DD/MM/YYYY) |
| For Office Use Only | | |
| <input type="checkbox"/> Entered DCMS | <input type="checkbox"/> Resume Attached | <input type="checkbox"/> Diploma Verification Report |
| Date Received (DD/MM/YYYY) _____ | | Designation _____ |

STUDENT STATEMENT OF INTEREST AND COMMITMENT

Student's 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 a skilled trade? (e.g. related job or volunteer experience, extra-curricular activities or courses, reading, interviews with people, etc.)

2. Explain the skills/talents you have that will help you succeed in the world of work.

3. What interests you most about a career in a skilled trade?

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 program.

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

PROGRAM RESEARCH

Student Name: _____

Name of Program: _____

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

Career Information

Describe the tasks and expectations involved in this field, including the physical demands and working conditions.

Future Outlook

What do immediate and long-range prospects look like in terms of employment in this field? Are work opportunities found locally, provincially, or elsewhere?

Potential Earnings

What are the average earnings of workers in this field? Is the work: full-time; part-time; year-round; or seasonal?

Website Resources:

- ✓ myBlueprint – <https://myblueprint.ca> (see your counsellor for the password)
- ✓ <https://educationplannerbc.ca>
- ✓ www.workbc.ca (click on ‘Start Your Career Trek’)

APPLICATION FOR ADMISSION

Student Information

Student Name: _____
(Legal Last Name) (Legal First Name) (Middle Name)

Mailing Address: _____

PEN #: _____ Grade: _____ Age: ____ Birthdate (DD/MM/YYYY): _____

Student email: _____ Parent email: _____

Home Phone Number: _____ Cell Phone Number: _____

Check all that apply:

Driver's License:

- "L" Driver
 "N" Driver
 None

Citizenship:

- Canadian Citizen
 Permanent Resident
 Other

- International Student
 Indigenous Student

Emergency and Medical Information

Care Card #: _____ Family Doctor: _____

Doctor Phone Number: _____ Address of Family Doctor: _____

Describe any medical/physical conditions that the school should be aware of or that might affect performance (e.g. diabetes, epilepsy, asthma, medication, allergies, previous physical injuries, etc.)

Emergency Contact: _____ Relationship to Applicant: _____

Home Telephone: _____ Cell Phone: _____

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

Signatures

A. Parent/Guardian Signature

- Yes By checking this box, I grant my permission for my child 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 By checking this box, 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 successes.

Parent/Guardian Name: _____ Date (DD/MM/YYYY) _____
(please print)

Parent/Guardian Signature: _____

B. Applicant Signature

I certify that all statements made on this application are true and complete.

Student Signature: _____ Date DD/MM/YYYY: _____

STUDENT TRANSITION PLAN

Students are required to complete a minimum of **80 credits** in Grades 10 through 12 for graduation. In order to verify your transition plan, please ask your counsellor or administrator to attach a recent copy of your **Diploma Verification Report** to your application.

- ✓ Ensure that you have included and considered your graduation requirements in your Transition plan.

PLEASE PRINT

Student Name: _____

School: _____ Current Grade: _____

Counsellor: _____

EDUCATION / CAREER GOALS

List your short-term Education / Career Goals (6 -12 months)

- 1.
- 2.
- 3.

What are your long-term Education / Career Goals (1-5 years)?

- 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 program?

SIGNATURES

If the program detailed above is followed and all courses passed, _____
(name)
will graduate in June _____ with a Dogwood Certificate and credentials from the partnered post-secondary institute.
(year of graduation)

School Counsellor

Parent/Guardian

Student

Date (DD/MM/YYYY)

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION
FOR SPECIALTY PROGRAM STUDENTS

Student Name: _____
(Legal Last Name) (Legal First Name) (Middle Name)

School: _____ Student No.: _____

Grade: _____ Date of Birth (DD/MM/YYYY) _____

I hereby grant permission to Vancouver School Board personnel to:

- Obtain information and/or records from other appropriate agencies
- Release information and/or records to other appropriate agencies
- Discuss pertinent information with representatives from appropriate agencies on a strictly confidential basis

Parent/Guardian Signature

Date (DD/MM/YYYY)

SCHOOL RECOMMENDATION

Please ask your school Counsellor or Administrator to complete this page.

Student Name: _____ Grade: _____

This student has applied for a seat in the following program:

Specialty Program: _____

The information in this recommendation will be used to help determine the student's suitability.

- The student has demonstrated interest in the program.
- The student's parent(s)/guardian(s) has/have shown an interest and support.
- I have interviewed this student and believe that the student has a clear understanding of the program, its purpose, its implications for graduation, and conditions for acceptance.
- 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 program and the student has a plan for paying fees for texts, equipment, supplies, etc.

Please rate this student's suitability for the program:

- EXCEPTIONAL STRONG ACCEPTABLE

Please provide us with further comments:

Recommendation completed by:

Name: _____

- Counsellor Administrator

Signature: _____ Telephone Number: _____

Date (DD/MM/YYYY): _____

TEACHER REFERENCE

Please provide a teacher reference from your current school. Select a teacher who best knows your practical skills and abilities. This may not be the same person as your School Recommendation

Student Name: _____ Grade: _____

This student has applied for a seat in the following program:

Specialty Program: _____

Please check (☐) the traits most appropriate and frequently demonstrated by this student:

| | <i>Excellent</i> | <i>Good</i> | <i>Satisfactory</i> | <i>Needs Improvement</i> |
|--|------------------------------|-----------------------------------|---------------------|------------------------------|
| Attendance/Punctuality | _____ | _____ | _____ | _____ |
| Work Ethic | _____ | _____ | _____ | _____ |
| Initiative/Motivation | _____ | _____ | _____ | _____ |
| Attitude | _____ | _____ | _____ | _____ |
| Accuracy/Ability to follow instructions | _____ | _____ | _____ | _____ |
| Interpersonal Skills | _____ | _____ | _____ | _____ |
| Maturity | _____ | _____ | _____ | _____ |
| Communication (written and spoken) | _____ | _____ | _____ | _____ |
| Mechanical ability in the field | _____ | _____ | _____ | _____ |
| Hand/eye coordination | _____ | _____ | _____ | _____ |
| Ability to read technical drawings/manuals | _____ | _____ | _____ | _____ |
| Do you feel that this student follows established safety rules and safe work practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> Possibly | | <input type="checkbox"/> No |
| Could this student be counted on to represent the school favourably in a training setting? | <input type="checkbox"/> Yes | <input type="checkbox"/> Possibly | | <input type="checkbox"/> No |
| Do you feel this student has a sincere interest in this program? | <input type="checkbox"/> Yes | <input type="checkbox"/> Possibly | | <input type="checkbox"/> No |

Please provide us with further comments:

Recommendation completed by:

Name: _____ Title: _____
(please print)

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

*Teacher: please scan and email the form to careerprograms@vsb.bc.ca or VSB blue bag it to Career Programs.