

# SPECIALTY PROGRAMS

## APPLICATION PACKAGE for programs commencing 2024-2025

Name: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

VSB Student #: \_\_\_\_\_

PEN #: \_\_\_\_\_

Select program of interest

Application Deadline



**Fashion Design & Technology**

Eric Hamber Secondary, 5025 Willow Street  
Two-Year Program in Grades 11 and 12, Semester 2

**March 1st**

### Specialty program requirements

- must be a Canadian citizen or Permanent Resident
- enrolled in a Vancouver School District school
- have a mature attitude suitable to the program
- intention to complete graduation requirements
- ability to make own transportation arrangements
- meet academic standard required in specific program

### Application Submission

- ensure you complete the checklist on page one before submitting
- send your application to Career Programs via the VSB blue bag, or scan and email to [careerprograms@vsb.bc.ca](mailto:careerprograms@vsb.bc.ca), or mail to Career Programs 1580 W, Broadway Vancouver, BC V6J 5K8

**Incomplete applications will be returned**

### More Information

- contact [careerprograms@vsb.bc.ca](mailto:careerprograms@vsb.bc.ca)

*Program offerings are subject to the finalization of required partnerships and sufficient enrolment*

#### For Office Use Only

Date Received: \_\_\_\_\_

Entered DCMS

Resume Attached

Diploma Verification Report

Designation

# APPLICATION CHECKLIST

## Instructions for Specialty Program students and parents.

Place a check mark (☐) beside each step when complete.

### Step 1: Gather Information

- Meet with your school Counsellor or Teacher to get an understanding of the programs, how they will be delivered, and how they will impact your graduation plan.
- Find out more about the career through work experience, job shadowing, volunteering, or networking.

### Step 2: Complete Application Package

#### Page #

Step 2: Complete Application Package	Page #
<input type="checkbox"/> Application Cover Page	cover page
<input type="checkbox"/> Application Checklist Student	1
<input type="checkbox"/> Statement of Interest and Commitment	2
<input type="checkbox"/> Program Research	3
<input type="checkbox"/> Application for Admission	4
<input type="checkbox"/> Student Transition Plan	5
<input type="checkbox"/> Consent for Release of Information	6
<input type="checkbox"/> School Recommendation	7
<input type="checkbox"/> Teacher Reference Form	8
<input type="checkbox"/> Diploma Verification Report	
<input type="checkbox"/> Current documentation of any medical or learning disabilities	
<input type="checkbox"/> Current Resume	

### Step 3: Submit Application

- Forward your completed application package to your school Counsellor or Teacher.
- Ask them to review it with you and have them blue bag it to Career Programs. Or, you may email or mail your application package to [careerprograms@vsb.bc.ca](mailto:careerprograms@vsb.bc.ca), or mail it to Career Programs, 1580 W Broadway, Vancouver, BC V6J 5K8

### What will happen next:

- A Career Programs staff member or your school contact will give you information about your interview.
- You may be asked to participate in an information session for your program area.
- You will be contacted by phone, letter or email and advised if you have or have not been accepted into the program.

### If you are accepted into the program you will:

- Meet with your Counsellor to make the appropriate changes to your timetable.
- Attend the mandatory student and parent orientation night.

**It is your responsibility to ensure that your application is complete.  
Only complete Application Packages will be processed.**

## 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 activities, or courses, reading, interviews with people, etc.)

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

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3. What interests you most about this career?

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

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

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

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## 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:

- ✓ My Blueprint <https://myblueprint.ca> (see your counsellor for the password)
- ✓ [www.educationplanner.bc.ca](http://www.educationplanner.bc.ca)
- ✓ [www.workbc.ca](http://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: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Student email: \_\_\_\_\_  
\_\_\_\_\_ Parent email: \_\_\_\_\_ Home Phone  
Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Check all that apply:    Driver's License:                      Citizenship:

<input type="checkbox"/> "L" Driver	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> International Student
<input type="checkbox"/> "N" Driver	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Aboriginal Student
<input type="checkbox"/> None	<input type="checkbox"/> Other _____	

## 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

I grant my son/daughter 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 son/daughter. 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: \_\_\_\_\_  
(please print)

Parent/Guardian Signature: \_\_\_\_\_

### B. Applicant Signature

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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

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

### PLEASE PRINT

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

<b>EDUCATION / CAREER GOALS</b>
<b>List your short-term Education / Career Goals (6 -12 months)</b>
1.
2.
3.
<b>What are your long-term Education / Career Goals (1-5 years)?</b>
1.
2.
3.
<b>Where do you see yourself in 5 to 10 years?</b>
<b>What specific career do you see yourself attaining by your successful completion of this program?</b>

<b>SIGNATURES</b>	
If the program detailed above is followed and all courses passed, _____ will graduate in June _____ with a Dogwood Certificate.	
_____	_____
School Counsellor	Parent/Guardian
_____	_____
Student	Date

**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: \_\_\_\_\_

***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

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

## SCHOOL RECOMMENDATION

**Please ask your school Counsellor or Teacher 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 he/she 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:

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**Recommendation completed by:**

Name: \_\_\_\_\_

Counsellor

Teacher

Administrator

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



# TEACHER REFERENCE FORM

**Please provide a teacher reference from your current school. Select a teacher who best knows your practical skills and abilities.**

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?  Yes  Possibly  No

Could this student be counted on to represent the school favourably in a training setting?  Yes  Possibly  No

Do you feel this student has a sincere interest in this program?  Yes  Possibly  No

Please provide us with further comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Recommendation completed by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_