

Name:	Grade:
School Currently	Attending:
Congratulations path!	You have made a very positive and rewarding choice to enhance your care
TRAIN IN TRADE	PROGRAM:
Please note tro	 □ CARPENTRY (February to June) Training located at Chatelech Secondary School □ PROFESSIONAL COOK (September to January) Training located at Elphinstone Secondary School □ AUTOMOTIVE SERVICE TECHNICIAN (September to January) Training located at Chatelech Secondary School nsportation to the programs is the sole responsibility of the student/family PLEASE RETURN THIS APPLICATION TO YOUR SCHOOL OFFICE.
Registration pack	age: Please read the instructions and fill in the sheets.
☐ Copy of un ☐ Application ☐ Personal re ☐ Post-Secon	to Graduation sheet – Student and Parent Signs official transcript from counsellor or school office package student and parent's signatures ference (Must be completed by an employer or teacher) dary School application
PLEASE NOTE: PF	OGRAM OFFERINGS ARE SUBJECT TO FINALIZATION OF REQUIRED

For more information, please talk to your school counsellor

PARTNERSHIPS AND SUFFICIENT ENROLMENT.



Please print								
Student:								
Legal Last Name	First	Middle						
Mailing Address:								
Physical Address:		Postal code						
Home Phone:	Cell Phone:							
Email Address:	Birthdate:							
Social Insurance Number:								
P.E.N. (if known)		(from your report card)						
Care Card #: Name of Family Doctor:								
Phone # of Family Doctor: Describe any medical/physical problems that the school should be aware of, or that might affect performance (i.e. Diabetes, Epilepsy, Medication, Asthma, Allergies, previous physical injuries, etc.)								
Individual Education Plan Information: Describe any special accommodations and/or designations that the school should be aware of that might affect program performance and/or participation (i.e. Learning Disability, ADD/ADHD/Physical Needs etc)								
Emergency Contact Name:								
Cell Phone No.:	Home Phone No:							
Work No:	Relationship to Applic	ant:						



APPLICATION FOR ADMISSION STATEMENT OF INTEREST AND INTENT. Name: Please answer the following questions to the best of your ability: 1. What related work experience or education do you have in the trade area? 2. Why are you interested in this program? 3. What skills or talents do you have that will help you succeed in this program? _____ 4. What are your interests outside of school? ______ 5. What are your plans after completing this program? 6. What extra-curricular or team sports do you participate in? 7. Do you have any further comments for the application committee?



Emergency and Legal Information

Parent/Guardian Signature							
I grant my son/daughter permission to participate in the Apprenticeship Program with School District No. 46 (Sunshine Coast) and Vancouver Island University and that information contained herein will be provided to the instructor(s).							
■ Yes ■ No I hereby grant permission to School District No. 46 personnel to take photographs of my son/daughter. These may be used in Career Programs publications and the District website at any time for purposes of promotion and celebration of student success.							
Parent(s)/Guardian Name:							
Physical Address:							
Mailing Address (if different from mailing):							
Home Phone: Cell Phone:							
Work Phone:							
Parent/Guardian's email:							
Parent/Guardian's Signature:							
Applicant Signature:							
I certify that all statements on this application are true and complete.							
Signature: Date:							
Student's email:							

Please ensure that you have a <u>Government Photo ID</u> by the end of the course as this maybe required to complete the Skills Trade BC Level 1 Exam



Confidential Personal Reference Form

Please provide a personal reference from either an employer or a teacher.

Student:				_ Grade: _		
First Name	Last N	ame				
This student has applied for a seat in the TRAIN ${\sf II}$	N TRADES Progra	ım: (Trade Area)			
CARPENTRY (Febru	ary to June)					
☐ PROFESSIONAL CO	OK (September t	o January)				
☐ AUTOMOTIVE SERV	ICE TECHNICIAN	(September to	January	/)		
Please provide comments that will aid in the sele	ection of appropr	iate candidates	•			
Disease the shade fellowing to the term	4 Nondo	2 6-11-6-11			A Frank	
Please check the following traits as:	1-Needs Improvement	2-Satisfactory	3-Good		4-Excellent	
Maturity	1	2		3	4	
Accuracy/ability to follow instructions	1	2	3		4	
Enthusiasm and interest	1	2	3		4	
Adaptability – adjusts to new situations	1	2	3		4	
Follows through on assigned tasks	1	2	3		4	
Attendance	1	2	3		4	
Punctuality	1	2	3		4	
Shows motivation to learn new skills	1	2	3		4	
Can work independently	1	2	3		4	
Has positive attitude towards work	1	2		3		
Communication – oral, written & spoken	1	2	3		4	
Accepts constructive criticism	1	2	3		4	
Makes changes as a result of learning	1	2	3		4	
					1	
Could this student be counted on to attendant i	regularly with a s	trong work	Yes	Possibly	No	
ethic? (please check one)						
Do you feel this student has a sincere interest in	n this program? (check one)	Yes	Possibly	No	
Commonto						
Comments:						
Evaluation Completed by: Name: Company / Course						
Evaluation Completed by: Name:		Compan	y / Cour	se		
Date: Signature: _						
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Samples of Government Photo ID

SKILLEDTRADES BC



Last Updated Feb 02, 2023