



APPLICATION PACKAGE

Youth TRAIN in Trades programs 2021 - 2022

Name: _____

Email: _____

School: _____

Grade: _____ D.O.B. _____

VSB Student #: _____

PEN#: _____

Select program of interest

Program start month

Application deadline for all programs March 1, 2021

(exceptions noted)

- | | |
|--|---|
| <input type="checkbox"/> Aircraft Maintenance Engineer "M" | August/September |
| <input type="checkbox"/> Automotive Collision Repair (Motor Vehicle Body Repairer) | September |
| <input type="checkbox"/> Automotive Refinishing Prep Technician | February Application deadline December 1, 2020 |
| <input type="checkbox"/> Automotive Service Technician | September |
| <input type="checkbox"/> Baking and Pastry Arts | August Application deadline December 1, 2020 |
| <input type="checkbox"/> Carpentry | February |
| <input type="checkbox"/> Electrician | March |
| <input type="checkbox"/> Hairstylist | September |
| <input type="checkbox"/> Heavy Mechanical Trades Foundation | September, February or July Three months prior to intake |
| <input type="checkbox"/> Metal Fabrication (Fitter) | February |
| <input type="checkbox"/> Millwright (Industrial Mechanic) | February |
| <input type="checkbox"/> Motorcycle & Power Equipment Technician | February |
| <input type="checkbox"/> Painting and Decorating | June/July |
| <input type="checkbox"/> Plumbing | June/July Application deadline December 1, 2020 |
| <input type="checkbox"/> Professional Cook 1 | September |
| <input type="checkbox"/> David Thompson | |
| <input type="checkbox"/> Tupper (priority given to Tupper students) | |

Youth TRAIN in Trades program requirements

- meet academic standard required for specific program
- intention to complete secondary school graduation requirements
- ability to make own transportation arrangements
- have licenses or certificates required by employers (e.g. Driver's License, FOODSAFE, WHMIS, etc.)

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, or mail to Career Programs 1580 West Broadway Vancouver BC V6J 5K8
- submit by March 1st, unless otherwise noted

Incomplete applications will be returned

For office use only

Date Received: _____

Entered DCMS

Resume Attached

Diploma Verification Report

FOODSAFE Cook/Baker

Designation



CAREER PROGRAMS

CHECKLIST

Instructions for YOUTH TRAIN in Trades 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 and attach the following

Page

<input type="checkbox"/> Application Cover Page	cover page
<input type="checkbox"/> Application Checklist	1
<input type="checkbox"/> Student Statement of Interest and Commitment	2
<input type="checkbox"/> Program/Trade Research	3
<input type="checkbox"/> Personal Information	4
<input type="checkbox"/> Student Transition Plan	5
<input type="checkbox"/> School Recommendation	6
<input type="checkbox"/> Teacher Reference provide this page to your teacher – they will send in	7
<input type="checkbox"/> Current documentation of any medical or learning disabilities	
<input type="checkbox"/> Diploma Verification Report	
<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 Career Programs 1580 W Broadway Vancouver BC V6J 5K8

What will happen next:

- **Check your email.** You will be contacted **by email only** once your application has been received.
- A Career Programs staff member will give 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:

- 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 a complete application package 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.)

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

3. What interests you most about this career?

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/TRADE RESEARCH

Student Name:

Go to the website(s) listed in each section to answer each question.

1. Industry Training Authority of BC (ITA BC) – Visit www.itabc.ca and click on ‘Apprenticeship Services.’ Read the section called ‘About Apprentices.’ Then go to the section called ‘Trades Programs’ and find your trade. (Tip: You can search by program area or alphabetically.)

What is an apprenticeship?	
Apprenticeship includes both on-the-job training and classroom learning. What percentage (%) of an apprentice's time is spent learning on the job?	
What percentage (%) of an apprentice's time is classroom-based?	
If you complete all levels of your trades training, is your trade a Red Seal trade?	What are some of the job tasks done by people in your trade? List two or three.

2. Vancouver School Board Career Programs – Visit careerprograms.vsb.bc.ca. Under ‘Our Programs,’ select Youth TRAIN in Trades programs. Open the brochure for your trade.

List two (2) important skills or abilities required for your trade.	
Is your program offered at a: <input type="checkbox"/> college <input type="checkbox"/> high school	
If your program is offered in a college, what plans have you made with your school Counsellor for grade 12 completion? (e.g. English Studies 12/ English First Peoples 12)	
How many work place training hours are required for certification in your trade?	Do you need a driver's license for your trade? <input type="checkbox"/> yes <input type="checkbox"/> no Why do you think this is important?

3. Work BC – Go to www.workbc.ca and click on ‘Browse Career Profiles’ to search for your career name. When you search, all career names will be listed by their NOC number (National Occupational Classification) followed by the career name. Once you have found your career name, read the section titled ‘Work Environment.’ **and/or** visit www.myblueprint.ca

List two (2) job hazards associated with your trade.	What types of job-related injuries are associated with your trade?
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PERSONAL INFORMATION

Name of Program Applying to:

INSTRUCTIONS: (1) Save this PDF to your desktop, (2) Open with Adobe Reader or Adobe Acrobat, (3) Complete all fields, (4) Save, (5) Print and obtain signatures

Legal First Name (given name)		Middle Name		Legal Last Name (family name)	
Pen#		Grade	Age	Birth Date (DD-MM-YYYY)	
Student Cell phone		S.I.N.# (Required for post Youth Train purposes)		Student email	
Mailing Address (number and street)				City and Postal Code	
Home Phone		Parent Phone		Parent email	
Driver's License (select one) <input type="checkbox"/> "L" Driver <input type="checkbox"/> "N" Driver <input type="checkbox"/> None		Citizenship (select one) <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Aboriginal <input type="checkbox"/> International <input type="checkbox"/> Other		Gender Pronoun	
Care Card#	Family Doctor	Doctor Phone	Doctor Address		
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, medication, etc.)					
Emergency Contact	Home Phone	Cell Phone	Relationship to Student		
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 students needs, please ensure current documentation/assessment information is attached.					

1. Parent/Guardian Signature Please check YES or NO for each box

Yes <input type="checkbox"/>	No <input type="checkbox"/>	A. 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 <input type="checkbox"/>	No <input type="checkbox"/>	B. 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 anytime for the purpose of promotion and celebration of student success.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	C. I understand and hereby agree to the Student Transition Plan (page 2)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	D. I hereby grant permission to VSB personnel to:
<input type="checkbox"/>	<input type="checkbox"/>	• Obtain information and/or records from other appropriate agencies.
<input type="checkbox"/>	<input type="checkbox"/>	• Release information and/or records to other appropriate agencies.
<input type="checkbox"/>	<input type="checkbox"/>	• Discuss pertinent information with representative from appropriate agencies on a strictly confidential basis.

Date signed MM/DD/YY	_____	_____
	Parent/Guardian Name	Parent/Guardian Signature (must be in ink)

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

Date signed MM/DD/YY	_____	I attend _____ school.
	Student Signature (must be in ink)	

IMPORTANT - This sheet must have signatures signed in ink. We are unable to accept electronic signatures.

STUDENT TRANSITION PLAN

Student Name: _____

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 considered your graduation requirements in your Transition plan.

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 applied for is followed and all courses passed, _____ will graduate in June _____ with a Dogwood Certificate and credentials from the partnered post-secondary institute or industry partner and the Industry Training Authority.	
_____ School Counsellor	_____ Parent/Guardian
_____ Student	_____ Date

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 YOUTH TRAIN in Trades program:

Program Name: _____

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

- The student has demonstrated interest in the program/trade.
- 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 program/trade, 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 YOUTH TRAIN in Trades program:

- EXCEPTIONAL STRONG ACCEPTABLE

Please provide us with any further comments:

Recommendation completed by:

Name: _____

- Administrator Counsellor

Signature: _____ Telephone Number: _____

TEACHER REFERENCE FORM

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

Student Name: _____ Grade: _____

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

Program Name: _____

Please assess this student based on your observations and interactions.								
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 detail								
Decision-making skills								
Ability to work with others								
Ability to read technical drawings/manuals								

Please briefly comment upon the student's traits/characteristics, based on your interactions.

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 language abilities. _____

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 setting? Yes Possibly No
- Do you feel this student has a sincere interest in this program? Yes Possibly No
- Would you like a private conversation about this student? Yes No

Please provide us with further comments: _____

Recommendation completed by:

Name: _____ Job Title: _____
Signature: _____ Date: _____ Telephone: _____

Teacher – Please send this form directly to Career Programs via the blue bag. It is not necessary to provide a copy to your student. Thank you.