



Student Name: _____ School: _____

Program: _____ Start Mo/Yr: _____ /20



CENTRAL OKANAGAN PUBLIC SCHOOLS

DUAL CREDIT APPLICATION

TRADES & TECHNOLOGY

Aircraft Maintenance Technician
Aircraft Maintenance Engineer - Structures
Automotive Service Technician
Carpentry/ Joinery
Computer information Systems Administration
Culinary Arts
Electrician
Emergency Medical Responder
Forestry

Hairstylist
Health Care Assistant
Heavy Mechanical Trades
Plumbing and Piping Trades
Recreation Vehicle Technician
Refrigeration and AC Mechanic
Sheet Metal
Welding



Dual Credit SD23



dualcreditsd23



Dual Credit SD23



Dual Credit SD23



www.dualcredit23.com

DUAL CREDIT PROGRAM CHECKLIST

Last Name: _____ First Name: _____

School: _____ Grade: _____ Grad Year: _____

Which program you are applying for:

ita Youth TRAIN (PSI):

- Okanagan College *
- BCIT Electrical *

ita Youth TRAIN (School Based):

- MBSS – Hairstylist [**Right** **Left** handed]
- RSS – Forestry

* Name of Trade/Program (i.e. Welding) _____ Start Date: _____

In order to qualify for a Central Okanagan Public Schools Dual Credit Program, the following steps must be complete:

- **ita Youth TRAIN School based:** Complete steps 1-8
- **ita Youth TRAIN at Okanagan College:** Complete steps 1-8 and Complete the attached OC documentation form that **requires both parent and student's signatures.**
- **ita Youth TRAIN at BCIT:** Complete steps 1-8. Visit <https://secure.bcit.ca/sis/reg/> to create your new BCIT account and ID number. From there, proceed to www.bcit.ca/files/admission/pdf/fdtn_hsapplication.pdf and complete the fillable pdf form to attach to your application with all signatures in place.

**Use the checklist below to ensure your application is "complete"
before handing into the Career Centre.**

- 1. **Central Okanagan Public Schools application form
Okanagan College Application & Release form
ITA Youth Apprentice Sponsor Registration Form.**
- 2. **Job Profile** Research Project
- 3. **Program Shadow**
- 4. **Teacher recommendation** (Teacher should be from a related program).
- 5. A copy of your **Birth Certificate** or Canadian Citizenship.
- 6. A record of your **attendance** (Career Centre will provide).
- 7. A copy of your school **transcript** (gr 10-12) (Career Centre will provide).
- 8. **Transition Plan** – signed by parents, and student.



CENTRAL OKANAGAN PUBLIC SCHOOLS APPLICATION FORM

Please print

Name* _____
Last Name First Name Middle Name

Address* _____ City* _____

Home Phone* _____ Student Cell _____ Postal Code* _____

Date of Birth (mm/dd/yyyy)* _____ SIN* _____

Are you of First Nations Heritage? Yes No Canadian Citizen Yes No

Student email address: _____

NOT SD23 SCHOOL EMAIL, NO PARENT EMAIL, (USE GMAIL, HOTMAIL, ICLOUD ETC.)

Parent email address:* _____

Parent / Guardian Contact* _____

Home Phone * _____ Work/Cell* _____

Emergency Contact Person _____

Home Phone _____ Work/Cell _____

*Are you currently on an IEP or Learning Plan? No Yes If yes, please specify which one:
 IEP Learning Plan Behaviour Support Plan

If you have access to an employer in your **area of study**, please list the following:

Name of Employer/Contact _____

Company _____

Phone # _____

I/We certify the information given in this application is true and complete to the best of my knowledge and understand that, if selected for a Dual Credit Program, falsified statements may be reason for removal. I authorize investigation of all statements contained herein and the references listed in this application. I allow the Dual Credit Programs Department to communicate to all Post-Secondary Institutions for educational purposes relating to my selected field of study. I allow the Dual Credit Programs Department to use any work or school related picture of myself for the purpose of promotion and communication of the program.

Student Signature* _____ Date* _____

Parent/Guardian Signature* _____ Date* _____

All signatures must be in place before application is accepted.



APPLICATION FORM

CONCURRENT ENROLMENT

FOR OFFICE USE ONLY

Non-refundable \$30 fee paid.

Not applicable

DATE/TIME:

INITIALS:

<u>Program Name</u>	<u>Campus</u>	<u>Term</u>
<input type="checkbox"/> Associate of Arts	<input type="checkbox"/> Vernon	<input type="checkbox"/> Fall (September)
<input type="checkbox"/> Associate of Science	<input type="checkbox"/> Kelowna	<input type="checkbox"/> Winter (January)
<input type="checkbox"/> Business	<input type="checkbox"/> Penticton	<input type="checkbox"/> Summer Session I (May)
Other: _____		<input type="checkbox"/> Summer Session II (July)
		<input type="checkbox"/> Other: _____ (e.g. Nov, Mar)

Current High School Attended	City/Province	From Year/Month	To Year/Month	Currently Attending	Grade/Year Completed

Personal Information—Please Print Clearly

Legal Last or Family Name		First Name		Middle Name(s)															
Preferred First Name		Previous (Maiden) Name (if applicable)		Okanagan College ID (if known)															
PEN (if known)		Permanent Address																	
City/Town				Province/State and Country															
Postal Code/Zip Code				E-mail Address:															
(Okanagan College uses email to communicate with all applicants. Please ensure you have entered your email address correctly. It is your responsibility to provide the College with your current email so we can communicate important information to you)																			
Gender		Date of Birth																	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Available		<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> <tr> <td>day</td> <td>month</td> <td>year</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>											day	month	year				
day	month	year																	
Country of Citizenship		Official Status in Canada <input type="checkbox"/> Permanent Resident/Landed Immigrant <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Current, valid Study Permit <input type="checkbox"/> Visitor <input type="checkbox"/> None of the above																	
Telephone - Primary		Telephone - Alternate																	
Emergency Contact Name (Please note, the emergency contact is not granted a release of information unless specified in the students myOkanagan account.)																			
Emergency Contact Telephone - Primary		Emergency Contact Telephone - Alternate																	

1) Is your educational goal to complete an entire program of study (any length) at Okanagan College?

(Degree, Diploma etc.)

Yes No

2) If you answered “No” to question 1, what is your educational goal at Okanagan College?

- Study for two years at Okanagan College
- Take a few courses at Okanagan College
- Study for one year at Okanagan College
- I haven't decided yet
- Other _____

3) After achieving your educational goal, what do you intend to do next?

- Enter or re-join the workforce
- Transfer to another college, university or institute
- Nothing in particular - I'm here for general interest
- I haven't decided yet
- Other _____

Voluntary Disclosure

Do you identify yourself as an Aboriginal person, that is, First Nations, Métis, or Inuit?

Yes No

If you answered “Yes”, please indicate if you are:

First Nations Métis Inuit

Do you identify yourself as a first generation student, that is, neither of your parents attended a post-secondary institution (college or university) in Canada?

Yes No

Personal Information

Okanagan College is a public body governed by the *Freedom of Information and Protection of Privacy Act* (FIPPA), which permits us to collect, use and share your personal information only for authorized purposes. We collect, use and share personal information that relates directly to and is necessary for Okanagan College's programs and activities. The information on this form is collected under the authority of the FIPPA, the *College and Institute Act* and from other government agencies. The information will be used for the purposes of admission and registration. If admitted, your personal information is used and shared for a variety of purposes consistent with our mandate. Your information may be shared with the students' association, the alumni association and the Okanagan College Foundation for purposes such as provision of student services; alumni development; recognition of academic excellence, convocation program and donor awards. Information may also be used for research purposes but in those cases, individual identities will not be disclosed. Additional information may be found in our "Protection of Privacy Policy" on the Okanagan College website. Questions about the collection, use and sharing of your personal information may be directed to the Registrar.

Under the FIPPA, staff may not release personal information such as your student record or registration to anyone other than you without your consent. We must, therefore, deal directly with you on all inquiries, transactions or appeals. If, for any reason, you need a parent or other person to act on your behalf, and wish to give them full authority to do so, you must provide Okanagan College with your written consent authorizing the release of your personal information to that person by completing a "Consent to Release Information" form which can be found in your myOkanagan account at <http://myokanagan.bc.ca>.

Communication: Communications from the College will be by email in most cases. Other important information and policies can be found on the College website. Please notify the College of any change to your email address. Please refer to the "Electronic Communication for Students and Applicants Policy" in the Calendar for details: www.okanagan.bc.ca/calendar.

Declaration and Consent: I certify that the information contained herein and that all statements made in connection with this application are true, correct and complete. I understand that any misrepresentation, incomplete disclosure or falsified information on this application may result in the cancellation of my admission or registration status. I consent for the College to collect and use my personal information. I agree that Okanagan College may verify the information provided by contacting any secondary or post-secondary institutions. I authorize Okanagan College to access Okanagan University College (OUC) records in the event I previously attended OUC. I understand and agree that my admission will not be final until my file is complete and I have satisfied all document and other requirements by Okanagan College. I authorize the posting of my grades where such posting identifies me only by my personal OC student ID number.

I understand and agree to abide by the rules, regulations and policies of Okanagan College as outlined in the Calendar and on the Okanagan College website, as amended, while I am a student at Okanagan College. In the event there is a conflict between verbal advice and Okanagan College's official Calendar, regulations and policies, I will rely on the official version only.

I agree to pay all tuition, fees and charges to Okanagan College within the payment deadlines posted by the College.

Applicant's Signature: _____

Date: _____

CONSENT TO RELEASE INFORMATION

contained in student academic records

In order to comply with privacy legislation and College policy, any student who wishes Okanagan College to release their information to a third party must complete and sign this form or fill in the online form in their myOkanagan account.

STUDENT PROFILE

Legal Last Name: _____ **Legal First Name:** _____

OC Student ID: _____ **Date of Birth (dd/mm/yy):** _____

Add Release (only one person per release)

Name (First and Last): _____ Central Okanagan Public Schools - Career Life Programs _____

Relationship to you:

- | | | |
|---|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Citizenship & Immigration Canada | <input type="checkbox"/> Employer | <input type="checkbox"/> Family |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Parent |
| <input checked="" type="checkbox"/> School District | <input type="checkbox"/> Sponsor | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Other: _____ | | |

Note: Select "All" and enter the effective dates to consent all of the items to be released. Or select specific items and enter the effective dates to consent to the specified items to be released.

Effective Dates (maximum of 2 years): **From:** _____ **To:** _____
(today's date) (two years from today's date)

INFORMATION TO RELEASE

<input checked="" type="checkbox"/> All current information listed below <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Email	<input type="checkbox"/> Status of application <i>Application decision, outstanding items and deadlines</i> <input type="checkbox"/> Financial information <i>Tuition, fees, fines, invoices/statements/receipts and tax receipts, which all may include your program, name, address and student ID</i> <input type="checkbox"/> Transcript of academic record and confirmation of enrolment <i>Official or unofficial transcript and related information, including grades, academic standing, and current, past, future registrations. Transcripts may include your name, address, and student ID</i> <input type="checkbox"/> Media information <i>All images and sound recordings in any media for any purpose</i> <input type="checkbox"/> Other: _____ _____
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You may rescind or amend this authorization in writing or in your myOkanagan account at any time.

Signature: _____ **Date:** _____

Submit the completed form with an original signature to the Registrar





ITA Customer Service
 800 - 8100 Granville Ave.
 Richmond, BC V6Y 3T6
 Tel: 778-328-8700
 Toll Free: 1-866-660-6011

Youth Train in Trades Registration Form

Please complete and return this form to your district career coordinator. All ***mandatory fields** must be completed.

A. Student Information

*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Education Number (PEN):
*Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Primary Phone Number: ()	Secondary Phone Number: ()	*Email Address:
Do you agree to receiving updates via SMS to your primary phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>		

B. Parent/Guardian's Information

I, _____
(print surname followed by given names of parent/guardian)

of _____
(street address) (city, town) (postal code)

Declare that:

- I am the custodial parent legal guardian of the minor named above; and,
- I authorize the school to release the information outlined in Sections A & B to Industry Training Authority for the purpose of registering the student with the ITA in a Youth Trade program; and to use the registration information for statistical data.
- I understand that I can only withdraw this consent by written request addressed to the school.

Student's Signature:	Date (MM/DD/YYYY)
Parent/Guardian's Signature:	Date (MM/DD/YYYY)
SD/Independent Board Authority Contact's Signature	Date (MM/DD/YYYY)

C. Program Information (To be completed by School District or Independent Board Authority)

Program Type (Select one): <input type="checkbox"/> Level 1 <input type="checkbox"/> Foundation	TRAIN Intake (MM/YYYY):	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
*Trade Name:			

JOB PROFILE RESEARCH PROJECT

Provide thoughtful and insightful responses to each question. Answers to these questions will help determine a student's commitment and readiness to start a Dual Credit Program.

RESEARCH through either the internet, a tradesperson or instructor of a Dual Credit Program.

- <http://www.itabc.ca/discover-apprenticeship-programs/search-programs>
- www.bcit.ca
- www.okanagan.bc.ca

Name of the Trade/Dual Credit Program: _____

1. Describe your Dual Credit Program: _____

2. What are some of your job duties and responsibilities in this occupation?

3. What are the pathways to becoming certified in your trade? (*See the ITA program profile for your trade on the ITA's website*)

4. How many levels of training are available in your trade? Is this a Red-Seal Trade?

5. What is required to successfully complete each level of training? Include exam(s) and passing grades. (*Refer to the program profile from the ITA's website.*)

6. Schools in BC that offer the Program: _____

7. Salary Expected: (*indicate the source where you found the expected wage*). _____

8. Based on your research, are there any workshops, high school courses, or certificate courses that are regarded as being useful to have, in looking for employment in this career? (i.e.: WHMIS, First Aid, Work Safe, Food Safe, Serving it Right, CISCO, STAR etc.) _____

DUAL CREDIT PROGRAM SHADOW

Provide thoughtful and insightful responses to each question. Answers to these questions will help determine a student's commitment and readiness to start a Dual Credit Program.

What did you do on your Program Shadow?

What did you enjoy the most?

What did you enjoy the least?

What are some of the safety factors associated with this trade?

What are some things you found out about this trade that you did not know before?

Based on your research and Program Shadow...are you still interested in this trade/career? Why?

TEACHER RECOMMENDATION

A teacher related to the program the student is applying for should complete the Teacher Recommendation. The information on this recommendation will be used to determine candidates for the Central Okanagan Public Schools Dual Credit Programs. A quality response to the general comments section is also important.

Student Name: _____

Teacher: _____ **Class:** _____

School: _____ **Teacher Phone #:** _____

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
1. Attendance/Punctuality Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Work Ethic Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attitude Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mechanical Ability in Field Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative/Motivation Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Interpersonal Skills/Citizenship Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. General Comments: _____				

Teacher Signature: _____ **Date:** _____

DUAL CREDIT TRANSITION PLAN

Date: _____

Last Name: _____ First Name: _____

School: Central GESS KSS MBSS OKM RSS
(circle one)

☞ Make an appointment with your Career Coordinator/Counsellor to develop an Education/Transition Plan.

1. Courses selected must meet the current graduation requirements. You may need to modify your timeline to achieve this. *(Students must graduate when they complete their Dual Credit program.)*
2. Attach DVR

REQUIRED COURSES <i>(52 credits)</i>				ELECTIVE COURSES <i>(28 credits)</i>	
Course	Credits	Course	Credits	Students can choose to complete elective courses through a Dual Credit Program. Select one below	
English 10	4	English 11	4	Transition Pathway	
Fine Arts 10	4	Social Studies 11,	4	<input type="checkbox"/> Business	<input type="checkbox"/> Health
Science 10	4	Science 11 or 12	4	<input type="checkbox"/> Technology	<input type="checkbox"/> Science
Math 10	4	Math 11 or 12	4	<input type="checkbox"/> Communications	<input type="checkbox"/> Trades
Social Studies 10	4	English 12	4	<input type="checkbox"/> Other	
PE 10	4	Career Life Connections/GT	4	Specify Pathway:	
Career Life Education/PL	4		4		

Grade 11		Grade 12		POST-SECONDARY
<i>Sem 1</i>	<i>Sem 2</i>	<i>Sem 1</i>	<i>Sem 2</i>	<i>(Transition Program/Course(s))</i>
Total Credits:		Total Credits:		Total Credits:
		Predicted Graduation Date		

_____ **Student Signature**

_____ **Parent/Guardian Signature**

_____ **Career Coordinator/Counsellor Signature**