



Student Name: _____ School: _____

Program: Emergency Medical Responder (EMR) Start Mo/Yr: _____/20



CENTRAL OKANAGAN PUBLIC SCHOOLS

DUAL CREDIT APPLICATION

EMERGENCY MEDICAL RESPONDER (EMR)

DUAL CREDIT PROGRAM CHECKLIST

Last Name: _____ First Name: _____

School: _____ Grade: _____ Grad Year: _____

Which program you are applying for :

ITA Youth Train:
 Okanagan College *
 BCIT *

ITA Youth Work *•

ITA Youth Train:
 KSS – Auto Service Tech
 MBSS – Culinary Arts
 MBSS – Hairdressing
 RSS – Utility Arborist

* 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 Work:** Complete steps (1-9)
- **School based ITA Youth Train:** Complete steps 1-8
- **ITA Youth Train at Okanagan College:** Complete steps 1-8 and
 - o 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://www.bcit.ca/files/admission/pdf/fdtn_hsapplication.pdf and complete the BCIT application. **Print and attach** to the **Dual Credit Programs Application. Please make sure it includes parent and student signatures.**

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. **Teacher statement** of recommendation. Teacher should be from a related program.
4. A one-page **personal letter** in support of application showing commitment to completing your area of study and showing experience in your career area (i.e. Job Shadows, CP Placements, etc.)
5. An updated **resume**. Include a list of any certificates you hold such as Superhost, First Aid, Serving it Right, Foodsafe, CISCO, Work Safety, etc.
6. A copy of your **Birth Certificate** or Canadian Citizenship.
7. A copy of your school **transcript** (gr 10-12) (Career Centre will provide).
A record of your **attendance** (Career Centre will provide).
8. **Transition Plan** – signed by parents, and student.
9. **ITA YOUTH WORK ONLY** - One letter of reference from an employer **or** phone call from employer

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* _____

STUDENT PARAGRAPH

All signatures must be in place before application is accepted.

Please complete a well written paragraph explaining why you want to be in this program.

HEALTH DECLARATION

The EMR program is at times both mentally and physically demanding. You will frequently be kneeling for long periods of time and lifting patients or heavy objects. You may also be exposed to simulated and real life emergency situations. With this in mind, please honestly complete the form below:

Do you have any mental health issues that may affect your success in this course?

Yes No If yes, please elaborate: _____

Do you have any physical disabilities or medical conditions that may affect your success in this course?

Yes No If yes, please elaborate:

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