



Student Name: _____ School: _____

Program: Forestry: Utility Arborist Start Mo/Yr: _____/20



CENTRAL OKANAGAN PUBLIC SCHOOLS

DUAL CREDIT APPLICATION

FORESTRY:
Utility Arborist

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):

- KSS – Auto Service Technician
- MBSS - Hairstylist
- 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 www.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.



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

YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

APPRENTICE RESPONSIBILITIES, DECLARATION, AUTHORIZATION AND CONSENT
(If you do not sign and date this section, your application cannot be accepted and will be returned to you.)

C. Agreement to Fulfill Responsibilities of Apprentice

I understand and agree that it is my responsibility to:

- Complete the required work-based training and practical experience under the direction of a qualified individual as assigned by the Sponsor;
- Self-manage the Technical Training component of my apprenticeship in consultation with my sponsor by:
 - scheduling and registering myself into and successfully completing required Technical Training at an ITA- approved training institution of my own choice, OR
 - successfully challenging the required Technical Training or Level where a challenge assessment exists;
- Meet any additional requirements of the Industry Training Program as outlined in the Industry Training Program Profile.

D. Accuracy of Information Provided

I declare that:

all information I have provided or will provide to the Industry Training Authority (“ITA”) in the future is true and complete.

I agree to:

immediately notify the ITA regarding any future changes to information I have provided.

I acknowledge that:

if I provide untrue information or false documents to the ITA, or fail to provide information or documents requested by them:

- I may be denied assessment,
- credit I have received toward my apprenticeship program or certification may be cancelled,
- my registration may be cancelled and I may not be allowed to re-register,
- my trade certificate issued by the ITA may be cancelled, and/or
- I may be subject to criminal prosecution.

E. Authorization to Collect Information Inside or Outside of Canada

I agree that the Industry Training Authority may:

- request information, documents and/or records regarding my education, training, work experience and certification related to my apprenticeship program from:
 - my current and former employers
 - other government bodies or organizations that issue qualifications relating to my skills and knowledge
- contact other governments (including departments, boards and agencies), educational institutions I have attended, and current and former employers inside or outside of Canada to verify my certification, education, training and work experience; and

And I agree to this information being given to the ITA.

F. Consent to Disclose Information

I agree to allow the ITA, in accordance with the *BC Freedom of Information and Protection of Privacy Act* to use and provide to others personal information I have provided on my apprentice registration form, as well as any other information necessary for administering the apprenticeship training program in which I am registered and to provide my personal information to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs.



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I also agree to information from my apprenticeship record with the ITA being provided to others as follows:

- To officials in other Canadian provinces/territories: Disclosure of any information collected on my apprentice registration form; verification of my certification, education, training and work experience; results of my assessments / examinations; and status of my application and apprenticeship to determine my eligibility for trade certification programs;
- To my sponsor: Disclosure of my examination/assessment results and other information regarding my apprenticeship program which ITA believes is necessary for meeting the responsibilities of a sponsor.
- To an approved training provider where I am currently applying or registered for apprenticeship training: Disclosure of the records of my previous apprenticeship technical training or other related information necessary for delivery and administration of the training program.
- To agencies and ministries of the provincial and federal governments: Disclosure of information required for determining my eligibility for financial assistance (including but not limited to federal or provincial tax credits, tool allowances, employment insurance or supplementary or enhanced apprenticeship benefits, federal or provincial incentive or completion grants, or scholarships).
- To government organizations or private service providers: Disclosure of information required for purposes of verifying my prior education, training, work experience and qualifications.

G. Option to receive some course notifications (This Section must be Completed by Apprentice)

Apprentices are personally responsible for seeking, organizing, and registering themselves in training with ITA-approved institutions. You may find it helpful to receive some notifications directly from approved trainers contracted

by ITA of available courses that lead to certification in your training program. Notifications are NOT sent for all courses.

Select appropriate statement:

- The ITA may provide** my contact information to ITA-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program. I understand notification may not be sent for all courses.
- The ITA may NOT provide** my contact information to ITA-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program.

NOTE TO APPRENTICE:

If you have a question or concern about ITA's use of your personal information, contact an ITA Customer Service Representative. From within Vancouver call: 778-328-8700; From outside Vancouver call toll free: 1-866-660-6011

H. Apprentice Signature

“By my signature below, I signify that I have read, understand and agree to sections C through G of this registration form.”

Apprentice's Signature:	Date (MM/DD/YYYY):
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SPONSOR RESPONSIBILITIES AND DECLARATION



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 youth@itabc.ca

YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

I. Agreement to Fulfill Responsibilities of Sponsor

I understand and agree that it is my responsibility to:

- Ensure the Apprentice receives training and related practical experience under the direction of a qualified individual (certified Tradesperson or other(s) specified in the Industry Training Program Profile, OR holder of an ITA-issued letter authorizing supervision and sign-off of apprentices in the trade), in a work environment conducive to learning the tasks, activities and functions that form the Industry Training Program in which the Apprentice is registered;
- Enable the Apprentice to regularly attend Technical Training that is required under the Apprentice’s Industry Training Program;
- Submit all forms and documents required by the Industry Training Authority to verify completion of the established standards for the Industry Training Program;
- Recommend the Apprentice for certification when the Apprentice has met the established standards for that program and in the view of the sponsor and qualified individual is performing at the level of a Certified Tradesperson in the trade.

J. Accuracy and Currency of Information Provided

I declare that:

- the apprentice’s work-based training will be performed under the direction of a qualified individual as defined in section I. above; and
- all information I have provided or will provide in the future to the Industry Training Authority is true and complete.

I agree to:

immediately notify the ITA regarding any future changes to information I have provided.

I acknowledge that:

if I knowingly provide untrue information or false documents to the ITA regarding my apprentice, or fail to provide information or documents requested by them:

- my apprentice may be denied assessment,
- credit my apprentice has received toward completion of the apprenticeship program or certification may be cancelled,
- my apprentice’s registration may be cancelled and the apprentice may be prevented from re-registering,
- a trade certificate issued by the ITA to my apprentice based on the said information I provided may be cancelled, and/or
- I may be subject to criminal prosecution.

K. Sponsor Signature

“By my signature below, I signify that I have read, understand and agree to sections I through J of this registration form.”

Sponsor’s Signature:	Date (MM/DD/YYYY):
Parent/Guardian’s Signature:	Date (MM/DD/YYYY):
SD/BA Contact’s Signature:	Date (MM/DD/YYYY):

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