



Student PEN Number (9 digits) _____

Dual Credit & Technical Programs - Application Form

Today's Date: _____ Birth Date: _____ Current Grade: (as of today's date) _____

S.I.N. Number: _____ Full Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Alternate Phone (cell phone): _____

Email Address: _____

Current High School: _____

Current High School Program:

- Regular Graduation
- School Leaving Certificate
- Adult Dogwood Grad

Are you Cross Enrolled? Yes No

Courses or Program Applying For (please select below):

SD47 Welding Program

FOR OFFICE USE ONLY: Interviewed Accepted

Please check the most appropriate answer to the following questions:



PERSONAL PROFILE

Please include a 1-2 sentence response to each of the questions contained below - typed or hand written and include your response with your application materials. Submit to tanya.larkin@sd47.bc.ca if not part of a application package.

In your Personal Profile, please address the topics outlined below. Your profile may be handwritten but, if possible, typed or word processed is preferred (maximum three pages, one-sided, double-spaced). Your Personal Profile should show your personal interest and experience in the program you have applied to. Be specific rather than general in describing the duration and nature of these experiences. Indicate why you think these experiences are appropriate preparation for a career in this field.

1. Why do you want to take the _____ program?
2. What is your long-term career goal?
3. Do you have work experience in this career path? If so how many hours? If you have no hours of work experience, how do you know this career path is for you?
4. Are you an apprentice? If yes, how many hours have you logged? If no, do you understand the apprenticeship system?
5. Do you have experience in this trade or a related trade at your high school or in your community or done a class shadow? If yes, what have you done?
6. Do you know the expectations of the program? (Start and end dates, length of delivery days a week, hours a day, homework expectations).
7. Are you aware of what is required for this career path and will you be ready after this foundation program?
8. Are you prepared to commit to a four day a week, full time, program? And with this are you prepared to have clear means of communication with your instructor? Please identify any hurdles you might foresee.

Name of Applicant: _____ (Please PRINT your First and Last Name)

I certify that all information on the attached Personal Profile response is true and complete:

Signature of Applicant

Date

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"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer	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 self-identify as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		

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 SkilledTradesBC for the purpose of registering the student with SkilledTradesBC 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:			



Grade 11/12 Student Learning/Transition Plan

Updated May 2023

Please complete entire page

PLEASE PRINT in Pen

Name: _____ School: _____

D.O.B: _____ Year of Grad: _____
(DD/MMM/YYYY)

Please indicate if you have an I.E.P on file: YES NO

Cell: _____ Email: _____

Occupation you are targeting:
1 _____
2 _____

Post-Secondary Program you are taking courses in (direct link to required courses for program):

Is this a: Certificate Diploma

Post-Secondary School Name and Address: _____

High School Courses related to and required to ensure entry into college program:

Related courses to take Program of interest	Required courses needed to enter Program

Student Transcript is attached

GRADE 10 REQUIREMENTS					
	Credits	Semester 1	Credits	Semester 2	Credits
English 10 (2 parts)	4	Elective		Elective	
Socials 10	4	Elective		Elective	
Science 10	4	Elective		Elective	
Math 10	4				
PE 10	4				
CLE 10	2				Total

GRADE 11 REQUIREMENTS			
English 11	4	Elective	
Socials 11	4	Elective	
Math 11	4	Elective	
Science 11	4	Elective	
Careers 11	2		Total

GRADE 12 REQUIREMENTS			
English	4	Elective	
Careers 12	2	Elective	
Career Exploration/Capstone	2	Elective	
Elective		Elective	
Elective			Total

TOTAL SCHOOL CREDITS: _____

School and PSI Course Codes							
School Codes	NIC/VIU Course Code	Course Start Date		School Codes	NIC/VIU Course Code	Course Start Date	
PN/L---12A				PN/L---12E			
PN/L---12B				PN/L---12F			
PN/L---12C				PN/L---12G			
PN/L---12D				PN/L---12H			

Total Dual Credit Credits: _____

Total Credit for Graduation: _____

Student Signature: _____

SD #47 Counsellor/ District Signature: _____

Date: _____ (DD/MMM/YYYY)