



Career Pathways

Youth WORK in Trades

Complete Date _____

Pre-Placement Application

Personal Information

Student Information

Date: Select Date		Grad Year:
Legal Last Name:		Legal First Name:
Usual Last Name:		Preferred Last Name:
Birth Date (Day/Month/Year):		Student Email:
School:		Student PEN:
Mailing Address:		
Student Cell Phone:		Home Phone:
International Student? Yes/No		English Language Learner (ELL)? Yes/No
Do you have an IEP? Yes/No		

Parent/Guardian Information

Primary Contact Information

Relationship to Student:	
Last Name:	First Name:
Mailing Address (if different from student):	
Home Phone:	Cell Phone:
Work Phone:	Email:

Secondary Contact Information

Relationship to Student:	
Last Name:	First Name:
Mailing Address (if different from student):	
Home Phone:	Cell Phone:
Work Phone:	Email:



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Medical Information

Doctor Name:	Phone:
Care Card Number:	
Allergies and/or Conditions:	
Are any of these life-threatening? If YES, please specify:	
Treatment:	

Dress Code

It is expected that students will conform to District dress code guidelines, in addition to worksite-specific requirements (e.g. trade-specific, professional office attire, uniform, personal protective equipment, etc.).

Release Of Student Information

In accordance with the Freedom of Information and Protections of Privacy Act, qathet School District requires consent to use personal information for purposes unrelated to educational programs.

I will conform to the guidelines presented to me for appropriate attire while participating in any qathet School District Career Education programs.

I give my consent for release of my name, address, email and phone number to qathet School District personnel and/or community employers to contact me regarding Career Education activities, meeting or schedules.

Student Signature:

Date:

Student Images

Your child’s photograph may be used for administrative and identification purposes consistent with providing an educational program. As such, your child’s name, photograph and comments may be published in a District newsletter, brochure, video or website. In addition, on occasion, Career Education activities may be featured by local news media as a means of information sharing or promotion. As such, your child’s name, photograph, and comments may be published in the newspaper, online or on social media channels.

I give my consent for use or publication of my child’s name, photograph and comments for purposes consistent with the above.

Parent/Guardian Signature:

Date:



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Student Statement of Interest and Intent

1. What have you done to prepare yourself for study in this area (i.e. course work, extracurricular activities, reading, interviewing people, etc.)?
2. What have you done to prepare yourself for work in this area (i.e. volunteer work, work experience, job shadow, related job or transferable job skills, interviewing people, hobbies, etc.)?
3. What skills do you have that will help you be successful in this program?
4. What is it that interests you in a career in this field?
5. What knowledge do you have of this career field (i.e. opportunities for work, working conditions, wages, etc.)?
6. What will you do to ensure your success in this program? Speak specifically to attendance, work habits, academic achievement, and work experience.
7. What are your interests outside of school (i.e. hobbies, sports, clubs, special skills, etc.)?
8. Please explain any absences/lates you have had this school year.



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Teacher Reference Form

CONFIDENTIAL – Please complete the reference and submit in a **sealed** envelope to Kerri Carlson, Career Pathways Coordinator.

Students Full Name:

Course you taught this student:

Grade:

This student has applied for the **Youth WORK in Trades** Program.

The program this student is applying for is academically rigorous. The pace is very fast, and the student must be self-motivated and able to directly apply what they are learning theory wise to practical work. The ability to think critically is essential to the student’s success.

1. Do you feel the student applying can meet these criteria?

YES

POSSIBLY

NO

2. Could this student be counted on to represent qathet school district favorably in a college/university setting?

YES

POSSIBLY

NO

3. Do you feel this student has a sincere interest in this District Partnership program?

YES

POSSIBLY

NO

Continued next page ...



4. Please help by providing frank comments about this student. This will aid in the selection of appropriate candidates for this program.

	Excellent	Good	Satisfactory	Needs Improvement	Comments
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Accuracy/ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Enthusiasm and interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Adaptable – adjusts to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Follows through on assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Shows motivation to learn new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Can work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Has positive attitude towards work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Makes changes as a result of constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

5. Any additional comments:

Evaluation completed by:

Phone number:

School:

Signature:



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Employer Reference Form

Students Full Name:

Grade:

The student has applied for an apprenticeship in . This program has an extensive out-of-school component, and the students will be awarded credits for graduation as well as logging hours towards their apprenticeship qualification. Please help in the selection process by providing the following information about the student and by giving frank comments that will aid in the placement of students who might benefit from such a program. Please check the following traits as:

TRAIT	Excellent	Good	Satisfactory	Needs Improvement	Comments
Personal grooming and appearance					
Enthusiasm and interest					
Temperament / Personality					
Ability to get along with others					
Courtesy/ability to meet the public					
Accepts constructive criticism					
Adaptable – adjust to new situations					
Dependability / Reliability					
Responsibility / Accountability					
Punctuality / Attendance					
Initiative					
Accuracy / ability to follow instructions					
Communication – oral					

Do you believe this student has a sincere interest in apprenticeship training?

YES

NO

Is this student covered by WorkSafeBC (WCB)?

YES

NO

Comments:

Company Name:

WorkSafeBC #:

Employer's Name:

Address:

Phone:

Signature:

Signature:



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YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

Please complete the relevant portions of this form and print clearly. Return completed and signed registration form to the school district/board authority contact. Provide both the student and the sponsor signed copies of the registration form and file the original in the student's permanent records for audit purposes.

* Bold Fields are Mandatory

A. APPRENTICE INFORMATION

Please indicate if this is a <input type="checkbox"/> New Registration <input type="checkbox"/> Update of a previous Registration		SkilledTradesBC Individual ID #: (leave blank for new registration)
*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	PEN:
Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Phone Number: ()	Secondary Phone Number: ()	*Email Address:
Do you agree to receive text message (SMS) notifications on your primary phone number?		<input type="checkbox"/> Yes <input type="checkbox"/> No
*High School Graduation Date (MM/DD/YYYY):	*Name of School:	*Have you participated in a Youth Discover the Trades event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify yourself as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*All communication from SkilledTradesBC will be sent to the e-mail address provided.

B. SPONSOR/EMPLOYER INFORMATION

*Name of Sponsor Organization:	SkilledTradesBC Sponsor ID #: (if already registered)	*Supervising Tradesperson Contact Name (First & Last):
*Contact Person:	*Date of Birth (MM/DD/YYYY):	*Certificate # or Sign-Off Authority #:
Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
Phone Number and Extension: ()	*E-mail:	

YOUTH WORK IN TRADES

*Trade Name:	School District/Independent School Authority:
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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 a SkilledTradesBC-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 SkilledTradesBC in the future is true and complete.

I agree to:

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

I acknowledge that:

if I provide untrue information or false documents to SkilledTradesBC, 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 SkilledTradesBC 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 SkilledTradesBC 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 SkilledTradesBC.

F. CONSENT TO DISCLOSE INFORMATION

I agree to allow SkilledTradesBC, 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.

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

YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

- 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 SkilledTradesBC 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 SkilledTradesBC-approved institutions. You may find it helpful to receive some notifications directly from approved trainers contracted by SkilledTradesBC of available courses that lead to certification in your training program. Notifications are NOT sent for all courses.

Select appropriate statement:

- SkilledTradesBC may provide my contact information to SkilledTradesBC-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.
- SkilledTradesBC may NOT provide my contact information to SkilledTradesBC-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 SkilledTradesBC’s use of your personal information, contact a SkilledTradesBC 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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YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

Sponsor Responsibilities and Declaration

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 a SkilledTradesBC-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 SkilledTradesBC 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 SkilledTradesBC is true and complete.

I agree to:

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

I acknowledge that:

if I knowingly provide untrue information or false documents to SkilledTradesBC 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 SkilledTradesBC 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):



Student Responsibility, Employer Expectations and Code of Conduct Agreement

- Youth WORK in Trades Placement Agreement and Training Plan will be completed and returned to your Career Pathway Coordinator prior to documenting work placement hours.
- Regular attendance at my work placement as scheduled will be maintained.
- My employer will be contacted if I am unable to report to work.
- Problems and/or difficulties with the work placement will be communicated to the work supervisor and or Career Pathways Coordinator.
- Approval from subject teachers will be obtained when classes are missed for my work experience and missed assignments will be completed.
- Business and client confidentiality will be respected.
- Honesty, punctuality, courtesy, a positive attitude, willingness to learn, being appropriately groomed and being respectful of others will be demonstrated.
- A Youth WORK in Trades Time Log and Reflection will be completed. 120 hours are required.
- Assignments, reflections and hours for Youth WORK in Trades will be completed for course credit.

Oath of Confidentiality

As a condition of participation in the Youth WORK in Trades Program from _____ to _____

I understand and agree:

- 1) That I must conform to all orders, rules and regulations of (Name of Business/Organization) and realize that the violation by me of the said orders, rules and regulations my result in the termination of my training.
- 2) That I must at all times – even after ceasing my training with the company – maintain secrecy with regard to the company’s business and the business of the customers, and that unless authorized, I must not make public any information relative to this organization.

Student Name:

Student Signature:

Date:



Workplace Safety Assignment **Part A: Workplace Rights and Responsibilities**

Students need to understand the importance of Workplace Safety as it relates to the health and protection of young workers in the Province of British Columbia. In order to complete the required Safety assignment, discuss WCB Regulation 3.12 with your Career Pathways Coordinator, Watch the online program on **Workplace Rights and Responsibilities** and complete the Workplace Safety Knowledge questions.

[Scan or click on the QR Code to access the online program:](#)



WCB Regulation 3.12: The Right to Refuse Unsafe Work - Procedure for refusal

1. A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.
2. A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer.
3. A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and
 - a. ensure that any unsafe condition is remedied without delay, or
 - b. if in his or her opinion the report is not valid, must so inform the person who made the report.
4. If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of
 - a. worker member of the joint committee,
 - b. worker who is selected by a trade union representing the worker, or
 - c. if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.
5. If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.



Workplace Safety Assignment Part B: Workplace Bullying and Harassment

Students also need to understand the importance of Workplace Bullying & Harassment Policies as it relates to the health and protection of young workers in the Province of British Columbia. Workplace bullying and harassment includes any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated. In order to complete this required safety assignment, study the Worker Fact Sheet on Workplace Bullying and Harassment and complete the Workplace Safety Knowledge questions.

Scan or click on the QR Code below to access the

Worker Fact Sheet on Workplace Bullying and Harassment:



Report an Injury or Illness

For more information go to <https://www.worksafebc.com/en/claims/report-workplace-injury-illness>

Workers

If you are injured at work or have symptoms of a work-related illness, you must:

- Prioritize your health and safety.
- Let your employer know about your injury as soon as it is safe to do so.
- Seek medical attention, let anyone treating or assessing you know that you were injured at work.
- Follow any treatment recommendations from your physician or other health care providers and ask about any modified work duties and activities you can do to help your recovery and return to work (if you've been off work). Stay connected to your workplace and work with your employer to identify safe and suitable work.
- Report your injury to WorkSafeBC right away to start your claim. The sooner they hear from you, the sooner they can make a decision on your claim and determine your eligibility for services and benefits. However, you do have up to one year from the date you were injured to report it to WorkSafeBC.
 - Complete the Application for Compensation and Report of Injury or Occupational Disease (google: WorkSafeBC Form 6 – complete and submit online)
 - or
 - Teleclaim: Toll-free 1-888-WORKERS (1-888-967-5377 -Canada) or Phone: 604-231-8888 (Lower Mainland)

I have watched the online program on Workplace Rights and Responsibilities, read the Worker Fact Sheet on Workplace Bullying and Harassment and Report a Workplace Injury or Disease -As an Injured Worker section of WorkSafe BC website.

Student Name:

Student Signature:

Date:



Workplace Safety Assignment **Part C: Workplace Safety Knowledge Test**

Name: _

Circle the best answer.

1. If you believe a work procedure or tool to be unsafe, what must you do?
 - a. Refuse to do the procedure or use the tool
 - b. Communicate your concerns with your supervisor
 - c. All of the above

2. Which of the following are your responsibilities as a WORKER?
 - a. To immediately correct unsafe conditions or report them right away to your supervisor
 - b. To work without undue risk to yourself or others
 - c. To know how to handle any hazardous materials or chemicals you use on the job
 - d. All of the above

3. Which of the following topics is NOT required as part of new worker training and orientation?
 - a. Workplace health and safety rules
 - b. Specific hazards to which the worker may be exposed
 - c. Personal protective equipment (PPE)
 - d. How to perform basic first aid procedures
 - e. WHMIS information and requirements, where applicable
 - f. All of the above

4. Which of the following are considered an EMPLOYER'S rights and responsibilities?
 - a. Ensure the health and safety of workers
 - b. Expect workers to follow health and safety procedures at all times
 - c. Establish occupational health and safety policies and programs
 - d. All of the above

5. Which of the following are considered a SUPERVISOR'S rights and responsibilities?
 - a. Know the WorkSafeBC requirements that apply to the work being supervised
 - b. Ensure personal protective equipment/clothing is available and maintained
 - c. Investigate unsafe conditions reported to them immediately
 - d. All of the above



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6. True or False: Only workplaces with 5 or more employees are required to conduct new worker safety training.
 - a. True
 - b. False

7. Which of the following are general strategies for minimizing the risk of injury due to workplace hazards?
 - a. Keep workplace clear and uncluttered
 - b. Wear/use appropriate protective equipment
 - c. Follow all safety procedures
 - d. Ask for assistance, if required
 - e. All of the above

8. When is it appropriate to refuse to do unsafe work?
 - a. When you have already completed assigned tasks?
 - b. When you have reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person
 - c. When you have not yet discussed a hazardous situation with your supervisor or employer
 - d. When your coworker tells you to

9. Which of the following are consistent with the practice of due diligence?
 - a. Taking all reasonable precautions while conducting your work, health and safety responsibilities
 - b. Protecting the well-being of fellow employees and co-workers
 - c. Documenting training records and work performance evaluations
 - d. All of the above

10. What are some of the legal consequences for knowingly causing workplace accidents?
 - a. Prosecution
 - b. Jail time
 - c. Fines
 - d. Criminal record
 - e. All of the above

11. If you believe you have been a victim of bullying, what must you do?
 - a. Communicate your concerns with your supervisor
 - b. Engage in workplace bullying or harassment yourself
 - c. Confront the offending party to demand an apology
 - d. All of the above



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12. Which of the following are the responsibility of the employer?

- a. Draft a workplace policy statement
- b. Develop reporting procedures.
- c. Train workers and supervisors.
- d. All of the above

13. Which of the following are NOT Bullying and Harassment?

- a. Offering constructive feedback.
- b. Saying hello to other co-workers.
- c. Making a legitimate complaint about another workers conduct.
- d. Expressing differences of opinion
- e. All of the above

14. What are some examples of Workplace Bullying and harassment?

- a. Spreading malicious rumors
- b. Verbal aggression or yelling
- c. Cyber bullying
- d. Calling someone derogatory names
- e. All of the above

15. True or False: Apprentices are not subject to the Workers Compensation Act and the Occupational Health & Safety Regulation.

- a. True
- b. False

Career Pathways Coordinator Signature:

Date:

Mark: /15



Site Safety Checklist

Employer/Trainer and Student Instructions:

Please complete the safety training checklist for all points that are relevant to the worksite by adding check mark beside those items in which the worker received training. Return this page to your Career Pathways Coordinator once complete.

Worksite <small>Click or tap here to enter text.</small>	Completed	Comments
Rights and Responsibilities		
1. General duties of employers, workers, & supervisors	<input type="checkbox"/>	
2. Responsibility to report workplace hazards (and how to do so)	<input type="checkbox"/>	
3. Safe work procedures for carrying out tasks	<input type="checkbox"/>	
Hazards Recognition & Injury Prevention		List Specific PPE & Workplace Hazards
1. Personal protective and other safety equipment appropriate for the work site (PPE)	<input type="checkbox"/>	
2. Identifying known hazards in the workplace and how to manage them	<input type="checkbox"/>	
Incident & Accident Response Procedure		
1. Procedure for identifying incidents of workplace bullying or harassment	<input type="checkbox"/>	
2. Identify fire exits, fire extinguishers, alarms and meeting point at the job site	<input type="checkbox"/>	
3. Name and contact information of first aid attendant(s) at the job site	<input type="checkbox"/>	
4. Location of first aid kits and eye wash stations	<input type="checkbox"/>	
5. Procedures for responding to accidents and emergencies in the workplace	<input type="checkbox"/>	
Hazardous Materials and WHMIS		
1. Discuss what hazardous materials are in the workplace	<input type="checkbox"/>	
2. Location of Material Safety Data Sheets (if applicable)	<input type="checkbox"/>	

Student Name:

Employer Name:

Signature:

Signature:

Date:

Date:



Student Safety Checklist

Employer:

Student Name:

Date:

#	Task	Yes	No	N/A
1	I was given orientation regarding workplace safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Hazards and risks specific to this workplace were identified during this orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I have reviewed fire exits and fire drills with my employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I know the location of the fire extinguishers and alarm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I have discussed WorkSafe BC accident and injury procedures with my employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I know where the incident report forms are stored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I have been informed that Personal Protective Equipment is required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I have requested that I am trained on any machinery, equipment or procedure prior to using or completing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	When in doubt about how to do something safely, I will ask before I begin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I have been informed that I WILL BE/WILL NOT BE working alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I have been taught proper lifting procedures/ergonomics (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I have reviewed worksite policies on how to deal with robberies/shoplifting (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Have you been made aware of any potential dangers or hazards, such as air quality, noise levels, tripping hazards, chemicals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I have discussed the WorkSafe BC accident or injury procedure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I know who I should report workplace hazards/injuries to. They are: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I know where the first aid station is located.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have read and understand the above:

Student Signature:

Date



Career
Pathways

Youth WORK in Trades

New Workers Orientation

Reviewed with Career Pathways Coordinator on:

Date:

Career Pathways Coordinator:

Contact Information

Employer's Name:

Business Name:

Employer Responsibilities

The employer has the responsibility to:

- Ensure workers' health and safety
- Establish a Health and Safety Program
- Inform workers of the hazards in their workplace (WHMIS)
- Ensure that you are properly trained, educated, and supervised to protect your health and safety
- Inspect the workplace to correct unsafe conditions
- Provide first aid should worker be injured
- Investigate reports of injury and disease, near-misses, and complaints of unsafe conditions
- Has current Work Safe BC coverage and has provided a workplace orientation that considers young workers see: <https://www.worksafebc.com/en/health-safety/education-training-certification/young-new-worker>
- Ensure all hours are paid

I have read and understand the above:

Employer's Signature:

Date:

Worker Rights

You have the right to:

- A safe work environment
- Health and Safety Information, Instruction, and Training



Youth WORK in Trades

Career Pathways

- Know the hazards to which you are likely to be exposed
- Equipment, including personal protective equipment (PPE)
- Be represented by and participate in Health and Safety activities
- Refuse *unsafe* work
- Not be discriminated against (i.e. fired or disciplined for exercising any right or carrying out a Health and Safety responsibility (i.e., refusal of unsafe work, reporting a hazard or injury, or filing a claim))

I have read and understand the above:

Student Signature:

Date:

If any of the following applies, employers must conduct a workplace orientation.

Worker is:

- A new worker under 25 years of age.
- New to the workplace.
- Returning to a workplace where hazards have changed during their absence.
- Affected by a change in the hazards of the workplace.
- Relocated to a new workplace with different hazards from the previous workplace.

Orientation must be completed before a worker begins work at a workplace.

Employees need to know the following Emergency Procedures:

First Aid

- Know when to call First Aid
- Demonstrated how to call for First Aid
- Shown location of First Aid Room
- Introduced to the First Aid Attendant (s)

Fire

- How to respond to fire or smoke evacuation procedures

Chemical and Body Fluid Spills

- Know when and how to alert help
- Demonstrated spill clean-up
- Procedures and Supplies



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Other

- Severe seasonal weather
- Natural disaster
- Power failure

Worker Responsibilities

You have the responsibility to:

- Follow safe work procedures and safety rules
- Use protective clothing, devices, and equipment appropriately
- Report hazards and unsafe situations to your supervisor
 - In person
 - By phone or email
 - With a hazard/incident report form
- Refuse any task you believe poses undue risk or Immediately report the situation to your supervisor (you might be assigned to other work).
 - If you feel the work continues to be unsafe, contact your worker safety Representative to investigate. If you feel the work continues to be unsafe and you have not been assigned to other work, contact WorkSafeBC for a determination.
- Not engage in horseplay or work while impaired
- Report injuries or disease immediately to your supervisor and follow your company's reporting procedure.
 - Seek First Aid and, if necessary, seek further medical attention. Tell your doctor that your injury was work related

I have read and understand the above:

Student Signature:

Date:



Workplace Hazards, Safety Policies, Procedures, and Practices

Overexertion from patient or material handling (leading to back, shoulder, or arm injury):

- How to assess risk
- Use of equipment
- Safe handling techniques (including manual lifting restrictions)

Exposures

- Blood and body fluids (BBF)/infectious disease (HIV/AIDS)
 - Standard precautions including protective equipment, hand washing
 - What to do if exposed to BBF (including getting to a hospital within 2 hours of being stuck by a needle)
- Chemical Hazards (latex, cleaners)
 - Safe practices to minimize exposure
 - WHMIS symbols, labels, Material Safety Data Sheets
- Falls (slipping and tripping)
 - High-risk areas (hallways, bathrooms, parking lots, sidewalks, stairs)
- Working alone
 - Check-in procedure
 - Violence (the attempted or actual exercise by a person, other than a worker, of any physical force to cause injury to a worker, and includes any threatening statement or behaviour that gives a worker reasonable cause to believe that she or he is at risk of injury)
 - Informed of history of violence by client or at site
 - Procedures to maintain risk/respond to violent incidents

I have read and understand the above:

Student Signature:

Date:



Occupational Health and Safety Regulation 3.12 The Right to Refuse Unsafe Work

1. A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.
2. A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer.
3. A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and
 - a. ensure that any unsafe condition is remedied without delay, or
 - b. if in his or her opinion the report is not valid, must so inform the person who made the report.
4. If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of
 - a. a worker member of the joint committee,
 - b. a worker who is selected by a trade union representing the worker, or
 - c. if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.

If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

Student Signature:

Date

Career Pathways Coordinator:

Date



WorkSafe Hazard Recognition Activity

SEE IT! THINK IT! DO IT!

Your Rights and Responsibilities: You have the right to refuse work if you have reasonable cause. Do not stop working and go home. Report any problems immediately to your employer.

Student Name:

Date:

Briefly describe the worksite you will be at (office, construction site, auto shop, restaurant, etc...)

Check any hazards that may pertain to your worksite.

Office work and Civil Services (Medical, Veterinarian, Nursing, Teaching....)

- Slips, trips and falls
- Improper use of equipment
- Faculty Equipment
- Lifting
- Human conflict situations

Construction Trades Carpentry, Cabinet making, Construction, Plumbing, Sheet Metal, Electrical....)

- Power tools (circular saw, drills...)
- Fall from heights
- Objects falling from above
- Stepping on sharp objects
- Electrical shock

Hospitality or Culinary Arts (Chef, Dishwasher, Prep Cook, Hotel Management...)

- Burns
- Lifting
- Cuts with knives or slicers
- Biohazards

Industrial Trades Welder, Mechanic, Machinist, Pipe Fitter, Steel Fabricator

- Power tools (bench/angle grinders, lathes...)
- Falling objects
- Chemical burns
- Eye injury (arc welding/air born particles)
- Improper lifting (vehicles on hoist/stands)

Common Hazards

Faulty Equipment
 Reaching/Lifting
 Eye Injuries
 Drowning

Tripping Hazards
 Falling/Flying Debris
 Equipment Left Running
 Improper Lock Out

Electric Shock
 Clothing snags
 Fumes

I have reviewed (with my Career Pathways Coordinator) the above prior to or during the introductory stage of my Youth WORK in Trades Program.

Student Signature:

Date: