



Chilliwack
School District
CAREER EDUCATION

Youth WORK in Trades

Student Name: _____ School: _____



Youth Work in Trades 12 A

SKILLEDTRADES^{BC}

INSTRUCTIONS FOR COMPLETING THIS YOUTH WORK IN TRADES COURSE PACKAGE

Youth WORK in Trades 12A (YWIT 12A = 120 hours worked)

1. Complete pages 1 and 2 of the **Training Plan**. On page 2, fill in specific duties from the Training Topics in the Program Outline specific to your trade:
 - Go to skilledtradesbc.ca,
 - Select "Find Your Trade"
 - Click on your trade
 - Select "Program Outline"
 - Scroll down to Occupational Analysis Chart (around page 11-12)
 - Select Training Topics that are specific and relevant to what you are doing at your job. Notice also that there is a chart on page 2 of your Training Plan form, where you list specific duties, "Observed, Performed with Help and Performed Alone". Write down a specific duty in each column so that what you observed in 11A you might be "performing with help" in 11B and "performing alone" in 12A and B.
 - **This Training Plan will be reviewed by the Apprenticeship Coordinator and your Employer**

NOTE: *The Training Plans and Work Logs might be repetitive, which is OK if it is an accurate reflection of the tasks you are doing in your job. The goal is to show growth and new learning throughout the 4 courses.*

2. Complete **Student Reflection** and **Work Term Report** when you have completed 120 hours of work.
3. Complete **Work Based Training Log** per pay period, include the number of hours worked and a description of what you did on the job. This should correspond to the **Training Plan** you completed.
4. Complete part A of the **Work Based Training Hours Report** and have your employer complete Part B and C and return to you.
5. Have Employer complete **Employer Feedback 12A**

***WHEN COMPLETE, PLEASE REMOVE YOUTH WORK IN TRADES 12A,
STAPLE AND SUBMIT TO YOUR WORK EXPERIENCE FACILITATOR**



*Scan or click on the QR code for the
Occupational Analysis information for your chosen trade*

Student Information

Student Name: _____ Home Phone: _____

Student Email: _____ Cell Phone: _____

Work Site Information

What is Your Skilled Trade? _____

Worksite Location (Business Name): _____

Worksite Address: _____

Worksite Supervisor: _____ Position: _____

Worksite Phone Number: _____ Email: _____

Worksafe BC (WCB) Account Number: _____

Employer On-Site Safety Orientation Provided: YES NO **DATE:** _____

Estimated Number of Hours to be worked: _____

Work Schedule: (Hours/Dates):

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Dates:							

or, Date Range: _____

My current career plans include the following:

Educational Plans:



List three (3) courses you have taken and describe how they relate to your workplace as indicated on previous page:

1. Course: _____ Relate: _____
2. Course: _____ Relate: _____
3. Course: _____ Relate: _____

Job Title: _____

Please list the specific duties/tasks/skills to be performed and developed:

Basic Duties / Tasks/ Skills	Observed	Performed with Help	Performed Alone
Provide skills from the Occupational Analysis chart (e.g. Apply personal safety practices)			
1.			
2.			
3.			

Please Check (✓) the Employability Skills that you practiced during your placement.

- | | | |
|---|--|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Organized Planning |
| <input type="checkbox"/> Use of Numbers | <input type="checkbox"/> Adaptability | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Willingness to learn | <input type="checkbox"/> Workplace Safety | <input type="checkbox"/> Effective Time Management |

I understand that it is my responsibility to check in with the Work Experience Facilitator/Teacher on a regular basis and complete the course by the required due date.

Student/Parent or Guardian:

Student Name: _____ Signature: _____
Parent Signature: _____ Date: _____

Youth Work in Trades Teacher:

Teacher Name: **Mrs. Heather Elliott** Signature: _____
Date: _____

Employer:

Contact Name: _____ Signature: _____
Date: _____



Student Information:

Student Name: _____ School: _____ Student # _____

Career Program: **Youth WORK in Trades 12A** Teacher: **Mrs. Heather Elliott**

Employer: _____ Phone: _____

Supervisor: _____ Start Date: _____

End Date: _____

Address: _____

Please check () the Employability Skills that you practiced during your placement.

- | | | |
|---|--|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Organized Planning |
| <input type="checkbox"/> Use of Numbers | <input type="checkbox"/> Adaptability | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Willingness to learn | <input type="checkbox"/> Workplace Safety | <input type="checkbox"/> Effective Time Management |

Please describe the type of work done and the tasks/duties performed:

Please list 3 work-place specific skills, tools or pieces of technology that you used during your placement:

1. _____
2. _____
3. _____

Describe how this experience assisted you with planning for the future:

Student Signature: _____ Date: _____

**Please return all completed forms to your District Coordinator/Work Experience Facilitator.
Missing forms will result in hours not being credited.**



**Answer each of the following questions in point form or sentence style.
Go deep in your thinking here – show growth!**

1. Describe the kind of business (work) the company/organization does.

2. Give an overview of your job, tasks, assignments, routine duties and anything else you did.

3. No matter what your job, you should be developing skills. Refer to the list of employability skills needed for any workplace listed below. Check at least four (4) transferable skills that you consider important for the job you were doing.

- | | | |
|---|--|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Organized Planning |
| <input type="checkbox"/> Use of Numbers | <input type="checkbox"/> Adaptability | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Willingness to learn | <input type="checkbox"/> Workplace Safety | <input type="checkbox"/> Effective Time Management |

4. Provide some examples of how you practiced each of the transferable skills you identified in question #3. How will these skills help you be successful in your future career?

5. What are some strategies that you could have (or did) use to minimize workplace hazards and meet your workplace safety responsibilities?

6. Describe an example of a success you experienced on the job site.



7. What did you learn from this experience? (What did you learn about the job, about working, about yourself? Did you encounter any problems? If so, how did you solve them?)

8. Identify a new technical or workplace-specific skills that you learned or used? (e.g. use of specific tool, computer software, cooking skill, inventory control, etc.)

9. How has this work experience affected your career plans? (How have your future plans changed – or not changed – as a result of this experience?)

Student Name: _____ Date: _____

**Once complete, hand in to your District Coordinator/Work Experience Facilitator.
Missing Assignments will result in hours not being credited.**



It is expected that students will practice and demonstrate the use of employability skills, a positive work ethic, use of workplace-specific skills and be able to analyze and solve problems on the worksite.

Employer/Supervisor Feedback:

Student Name: _____ School: _____

Employer: _____ Work Dates: _____

NA Non-Applicable 1 Needs Improvement 2 Satisfactory 3 Above Average 4 Excellent

	N/A	1	2	3	4
Manages Information - Communication					
Problem Solving & Decision making skills					
A positive attitude towards one's duties					
Demonstrates work ethic including confidentiality, regular attendance, punctuality, honesty, trustworthiness, responsibility, etc.					
A respect for diversity and individual differences					
Ability to work well with others – Team work					
Learns from mistakes and accepts feedback					

What are the student's main strengths? _____

What are your recommended areas for improvement & growth for the student?

Additional comments:

Employer/Supervisor Signature: _____ Date: _____



Youth WORK in Trades 12A Work Based Training Log

Student Name: _____



*Scan or click on the QR code for the
for the Occupational Analysis information for your chosen trade*

Date (s)	Hours	Work Site & Detailed Description of Work Duties
Per pay period (e.g. Jan. 1 - 15)	40 hrs.	Provide skills performed from Occupational Analysis Info. , as outlined in Training Plan
Please ensure ALL columns (Date, Hours, Details) of this Training Log are completed in FULL, even if you are submitting pay stubs or records of employment.		
TOTAL HOURS:	_____	

Youth WORK in Trades 12A



WORK-BASED TRAINING HOURS REPORT

SkilledTradesBC Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@skilledtradesbc.ca

SPONSOR REPORT FOR WORK-BASED TRAINING HOURS

This form is used by employers / sponsors to report work-based training hours for an apprentice in any program. Missing information may delay the reporting process.

A. Apprentice Information

Please print clearly and return form to the address noted above

SkilledTradesBC Individual ID #:	Program (Trade) Name:	
*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	Email Address:	

B. Work-Based Training Hours Reporting Period

Ensure exact start and end dates are reported	Total number of work-based training hours reported during this period.
Start Date: _____ (MM/DD/YYYY)	_____
End Date: _____ (MM/DD/YYYY)	
Do not overlap any hours on this report with hours sent in previously. Note: We are unable to accept future dates for hours apprentices have not yet worked.	

C. Employer / Sponsor Approval

Were these hours worked for a previous/alternate employer? <input type="checkbox"/> Yes (Employer Name Required) <input type="checkbox"/> No	Previous/Alternate Employer Name:
Sponsor Organization Name:	Name of Authorized Sponsor Representative:
Sponsor Organization ID#:	Signature of Authorized Sponsor Representative:

"I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision/direction of a certified tradesperson or equivalent."

The signature of the apprentice's registered sponsor or an authorized representative is required. Without it, the work-based training hours claimed in this report will not be added to the apprentice's record.