



Chilliwack  
School District  
CAREER EDUCATION

# Youth WORK in Trades

Student Name: \_\_\_\_\_ School: \_\_\_\_\_



## Youth Work in Trades Course Materials Package

SKILLEDTRADES<sup>BC</sup>



Chilliwack  
School District  
CAREER EDUCATION

# Youth WORK in Trades

Student Name: \_\_\_\_\_ School: \_\_\_\_\_



## Youth Work in Trades I I A

SKILLEDTRADES<sup>BC</sup>



**Youth WORK in Trades** (formerly the Secondary School Apprenticeship Program) provides skill development through practical, hands-on work experience. Students enrolled in these courses go to work and attend high school at the same time. This program consists of 480 hours of paid work, which awards **16 credits** toward high school graduation.

This booklet is made up of **4 courses (16 credits)**:

Youth WORK in Trades 11A (YWIT 11A),  
Youth WORK in Trades 11B (YWIT 11B),  
Youth WORK in Trades 12A (YWIT 12A),  
Youth WORK in Trades 12B (YWIT 12B).

Each course requires 120 hours of work in your trade. You are also able to backdate up to 240 hours (120 hours per course) towards the program. (Prior credit for courses, Youth WORK in Trades 11A & 11B)

## INSTRUCTIONS FOR COMPLETING THIS YOUTH WORK IN TRADES COURSE PACKAGE

### Youth WORK in Trades 11A (YWIT 11A = 120 hours worked)

1. Complete the required Workplace Safety Assignment
  - a. Read WBC Regulation 3.12: The Right to Refuse Unsafe Work, sign and date.
  - b. Watch WorkSafeBC *Workplace Rights and Responsibilities* online program,
  - c. Study the *Worker Fact Sheet on Workplace Bullying & Harassment*,
  - d. Complete the *Workplace Safety Knowledge Test*
  - e. Complete the *Career Education Site Safety Checklist* with your Employer/Supervisor.
2. 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](http://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**
3. Complete **Student Reflection** and **Work Term Report** when you have completed 120 hours of work.
4. 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.
5. Complete part A of the **Work Based Training Hours Report** and have your employer complete Part B and C and return to you. This report can capture your previous or backdated hours that you completed before you were registered with *Skilled Trades BC*.

**\*WHEN COMPLETE, PLEASE REMOVE YOUTH WORK IN TRADES 11A,  
STAPLE AND SUBMIT TO YOUR WORK EXPERIENCE FACILITATOR**



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 Programs Teacher/Facilitator, 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:**



**WORK SAFE BC**

### **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.



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:**



\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date



## Workplace Safety Knowledge Test

- 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
  
- 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



**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 rumours
- 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

Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

/15





**Employer/Trainer and Student instructions:** Please complete the safety training checklist for all points that are relevant to the worksite by adding a check mark beside those items in which the worker received training. Return this page to your Work Experience Facilitator once complete.

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

**Student Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



*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.
<b>Dates:</b>							

**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 11A** 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.**



# Youth WORK in Trades 11A 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 <b>Occupational Analysis Info.</b> , as outlined in Training Plan
<b>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.</b>		
<b>TOTAL HOURS:</b>	_____	

# Youth WORK in Trades 11A



## 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.***





Chilliwack  
School District  
CAREER EDUCATION

# Youth WORK in Trades

Student Name: \_\_\_\_\_ School: \_\_\_\_\_



## Youth Work in Trades 11B

SKILLEDTRADES<sup>BC</sup>

## INSTRUCTIONS FOR COMPLETING THIS YOUTH WORK IN TRADES COURSE PACKAGE

### Youth WORK in Trades 11B (YWIT 11B = 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](https://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.

**\*WHEN COMPLETE, PLEASE REMOVE YOUTH WORK IN TRADES 11B,  
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.
<b>Dates:</b>							

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 11B 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.**



# Youth WORK in Trades 11B 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 <b>Occupational Analysis Info.</b> , as outlined in Training Plan
<b>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.</b>		
<b>TOTAL HOURS:</b>	_____	



# Youth WORK in Trades 11B



## 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.***



Chilliwack  
School District  
CAREER EDUCATION

# Youth WORK in Trades

Student Name: \_\_\_\_\_ School: \_\_\_\_\_



## Youth Work in Trades 12 A

SKILLEDTRADES<sup>BC</sup>

## 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](https://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.
<b>Dates:</b>							

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 <b>Occupational Analysis Info.</b> , as outlined in Training Plan
<b>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.</b>		
<b>TOTAL HOURS:</b>	_____	

# 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.***



Chilliwack  
School District  
CAREER EDUCATION

# Youth WORK in Trades

Student Name: \_\_\_\_\_ School: \_\_\_\_\_



## Youth Work in Trades 12 B

SKILLEDTRADES<sup>BC</sup>

## INSTRUCTIONS FOR COMPLETING THIS YOUTH WORK IN TRADES COURSE PACKAGE

### Youth WORK in Trades 12B (YWIT 12B = 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](https://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 12B**
6. **Complete Youth WORK in Trades Award Application** (Don't forget to sign and include your Social Insurance Number (SIN))

***\*WHEN COMPLETE, PLEASE REMOVE YOUTH WORK IN TRADES 12B,  
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.
<b>Dates:</b>							

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 12B 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 12B 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 <b>Occupational Analysis Info.</b> , as outlined in Training Plan
<b>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.</b>		
<b>TOTAL HOURS:</b>	_____	

# Youth WORK in Trades 12B



## 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.***



## Youth WORK in Trades Award Application

This \$1000 dollar award may be available to Youth in Trades for sustained and exceptional work as an apprentice. The money is intended to assist the apprentice with the purchase of tools, equipment, materials, or tuition necessary to continue on in their trade.

### To be eligible for the Award, Skilled Trades BC registered apprentices/trainees must have:

- Been registered in a school district Youth in Trades program
- Graduated with a Grade 12 Dogwood Diploma or Adult Dogwood
- Successfully completed WRK 11A, 11B, 12A, 12B
- Maintained a C+ average or better on all Grade 12 numbered courses
- Continued working or training full time in the trade five months after secondary school graduation (or have 900 hours reported to Skilled Trades BC)

**PLEASE NOTE:** *Completing this form does NOT guarantee the award. The Ministry of Education & Child Care determines successful candidates after graduation.*

### STUDENT SIGNATURE:

\_\_\_\_\_

**SKILLED TRADES<sup>BC</sup>**

### STUDENT INFORMATION:

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PEN#: \_\_\_\_\_

SIN#: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Skilled Trades BC Reg. #: \_\_\_\_\_

Trade: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

School: \_\_\_\_\_

Signing Date: \_\_\_\_\_

### WORK in Trades Coordinator:

***Mrs. Heather Elliott***