



**Chilliwack  
School District**  
CAREER EDUCATION

# Youth WORK in Trades (YWIT) Application

**SKILLED  
TRADESBC**

## Employment/Educational Opportunities

In B.C. there are currently more than 100 apprentice trade programs offering career opportunities. What these occupations have in common is that they require specialized skills, and involve working with your hands as well as your head, and the training is largely done on-the-job.

The Chilliwack School District Apprenticeship program is a partnership between the School District, Employers and *Skilled Trades BC*, a provincial crown agency responsible for B.C.'s industry training system. The vision of *Skilled Trades BC* is to produce highly skilled and productive people through industry training and skills development.

## Requirements for Program Admission:

Students must be 14 years of age or older, attending secondary school and working in an apprenticesable trade. To qualify, students must complete an application, including parent/guardian signatures and employer evaluations. Students in this program can use all part time, weekend and summer work to count towards the necessary hours required. For every 120 hours worked, students will receive credit for one course, up to a total of 4 courses/16 credits.



COURSE	CREDITS	GRADE	REQUIREMENTS
WRK 11A	4	Grades 10, 11, 12 school year	120 hours of work
WRK 11B	4	Grades 10, 11, 12 school year	120 hours of work
WRK 12A	4	Grades 10, 11, 12 school year	120 hours of work
WRK 12B	4	Grades 10, 11, 12 school year	120 hours of work

**Student Agreement:** *By signing below, student and parent/guardian acknowledges an awareness of program requirements as outlined above.*

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

*I give my child permission to participate in the SD#33 Youth WORK in Trades program.*

**Parent/Guardian Signature** (if student under 19 yrs.): \_\_\_\_\_



## Application Requirements

***Applicant: keep this form for your records***

Applicants must meet the following requirements:

- ☐ Be fourteen years of age or older at start of the program
- ☐ Working in an apprenticeable trade
- ☐ Be registered in a Chilliwack School District school



To determine if you are currently employed in an **Apprenticeable Trade**,  
scan or click on the QR code:



- ☐ Complete the Chilliwack School District Career Programs application package (requires both student and parent signatures)
- ☐ Prepare your Resume and Cover Letter
- ☐ **Submit your Application, your Resume & Cover Letter ALL TOGETHER to your Apprenticeship Facilitator.**

**\*PLEASE NOTE:** Your Youth WORK in Trades application is incomplete without your resume and cover letter.  
Please ensure all of these documents are submitted together.

**Only complete application packages will be processed.**

# District Career Programs Application



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

Current Grade: \_\_\_\_\_

## PLEASE SELECT YOUR CAREER PROGRAM

### SKILLED TRADES BC YOUTH TRAIN IN TRADES

☐ Automotive Service Technician

☐ Hairstylist

☐ Professional Cook Level 1

☐ Welding

### WORK EXPERIENCE

☐ WEX 12A

☐ WEX 12B

### SKILLED TRADES BC YOUTH WORK IN TRADES

☐ Specify Trade: \_\_\_\_\_

### REGIONAL CAREER PROGRAMS (RCP) - UFV

☐ Specify Course Option: \_\_\_\_\_

### TRADES SAMPLER PROGRAM

☐ Specify School: \_\_\_\_\_

### DUAL-CREDIT PROGRAM

☐ Early Childhood Education

I, \_\_\_\_\_ do hereby declare that I will:

- Adhere to the School District Code of Conduct
- Adhere to the School Code of Conduct
- Be in attendance at all courses
- Maintain passing grades in all courses

I am aware that this Career Education Program is a challenging opportunity, and I am willing to abide to the rules set forth by the Chilliwack School District.

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

\_\_\_\_\_  
Parent/Guardian Signature

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

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

# District Career Programs Application



Chilliwack  
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## STUDENT INFORMATION

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_  
Usual Last Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_  
Birth Date (Day/Month/Year): \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Apt. No.: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal: \_\_\_\_\_  
Are you an International Student? YES ☐ NO ☐  
Are you an ELL (English Language Learner)? YES ☐ NO ☐  
Do you have an IEP (Individual Education Plan)? YES ☐ NO ☐

## PARENT/GUARDIAN INFORMATION

### Primary Contact

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

### Secondary Contact

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

## MEDICAL INFORMATION

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Care Card No.: \_\_\_\_\_  
Allergies and/or conditions: \_\_\_\_\_  
Are any of these life-threatening? YES ☐ NO ☐ If "YES", please specify: \_\_\_\_\_  
Treatment: \_\_\_\_\_

# District Career Programs Application



## DRESS CODE

It is expected that students 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, Chilliwack 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 Chilliwack School District Career Education programs.***

***I give my consent for release of my name, address, email and phone number to 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: \_\_\_\_\_

# Statement of Interest and Intent



Chilliwack  
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Name: \_\_\_\_\_

Program: **Youth WORK in Trades** \_\_\_\_\_

Career Goal: \_\_\_\_\_

1. What have you done to prepare yourself for study in this area (i.e. course work, extra-curricular activities, reading, interviewing people, etc.?)

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2. What have you done to prepare yourself for work in this area (i.e. volunteer work, work experience, job shadow, related job or transferrable job skills, interviewing people, etc.?)

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3. What skills do you have that will help you be successful in this program?

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4. What interests you about a career in this field?

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5. What knowledge do you have of this career field? (i.e. opportunities for work, working conditions, wages, etc.?)

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# Statement of Interest and Intent



Chilliwack  
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6. What will you do to ensure your success in this program? Speak specifically to attendance, work habits, academic achievement and work experience.

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7. What are your interests outside of school? (hobbies, sports, clubs, special talents, etc.)

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8. Please explain any absences/lates you have this school year

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# Teacher Reference Form

(Academic or Program Elective Teacher)



**CONFIDENTIAL** - Please complete the reference and submit in a **sealed** envelope to secondary school counsellor.

Student: \_\_\_\_\_  
Last Name First Name

Course you taught this student: \_\_\_\_\_ Grade: \_\_\_\_\_

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

1. 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 success.

**Do you feel the student applying can meet these criteria?**

☐

YES

☐

POSSIBLY

☐

NO

2. Could this student be counted on to represent the 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

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
Maturity				
Accuracy/ability to follow instructions				
Enthusiasm and interest				
Adaptable – adjusts to new situations				
Follows through on assigned tasks				
Attendance				
Punctuality				
Shows motivation to learn new skills				
Can work independently				
Has positive attitude towards work				
Accepts constructive criticism				
Makes changes as a result of constructive criticism				

Evaluation completed by: \_\_\_\_\_ Phone #: \_\_\_\_\_

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



# Youth WORK in Trades Employer Reference Form



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last name First name

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:

**(1) Needs Improvement**

**(2) Satisfactory**

**(3) Good**

**(4) Excellent**

TRAIT	1	2	3	4
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: \_\_\_\_\_

## 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"/> <b>New Registration</b> <input type="checkbox"/> <b>Update of a previous Registration</b>		SkilledTradesBC Individual ID #:(leave blank for new registration)
<b>*Legal First Name:</b>	Legal Middle Name (s):	<b>*Legal Last Name:</b>
<b>*Date of Birth (MM/DD/YYYY):</b>	<b>*Gender:</b> <input type="checkbox"/> <b>Man</b> <input type="checkbox"/> <b>Woman</b> <input type="checkbox"/> <b>Non-Binary</b> <input type="checkbox"/> <b>Prefer not to answer</b>	PEN:
Suite Number:	<b>*Mailing Address:</b>	
<b>*City:</b>	<b>*Province:</b>	<b>*Postal Code:</b>
<b>*Phone Number:</b> ( )	Secondary Phone Number: ( )	<b>*Email Address:</b>
Do you agree to receiving text message (SMS) notifications to you primary phone number?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*High School Graduation Date (MM/DD/YYYY):</b>	<b>*Name of School:</b>	<b>*Have you participated in a Youth Discover the Trades event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify yourself as an aboriginal 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

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

### YOUTH WORK IN TRADES

<b>*Trade Name:</b>	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):