



Trades Sampler Program Application

Trades Sampler Program

The Trades Sampler program allows students to dive deep into a variety of trades as they find their preferred career path. Thanks to this partnership between the Ministry of Education and Skilled Trades BC, students gain hands-on experience before they enroll in a high school apprenticeship program like Youth TRAIN in Trades or Youth WORK in Trades.

In partnership with U.F.V. Trades & Technology, students receive workplace skills training around tools & equipment, workplace safety and job readiness skills, and receive a number of industry certifications. Students complete technical modules, covering four or more specific trades, including contact with at least one employer in each trade.

Students may also have the option to complete an embedded Work Experience course, where they will receive up to 100 hours of community-based Work Experience placements in a trade of their choice.

Trades Sampler students should...

- Have a keen interest in the skilled trades
- Be considering a career in skilled trades
- Have a good attendance record
- Be able to handle the rigours of a University-level program
- Have access to reliable transportation to U.F.V.

SKILLED TRADES^{BC}

Student Name: _____

Date: _____



District Career Programs Application



Student Name: _____

Current Grade: _____

PLEASE SELECT YOUR CAREER PROGRAM

SKILLED TRADES BC YOUTH TRAIN IN TRADES

☐

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
School District
CAREER EDUCATION

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: _____