

Professional Cook Level I

Application Package 2026-2027

DUE: MAY 4th, 2026



**Chilliwack
School District**



Tips & Tricks for Applying for a Dual Credit Program

Dual credit programs are highly competitive, while we try to accommodate all students, we are limited by the amount of seats awarded to us by our Post Secondary partners. We need to ensure that we provide them with the most suitable candidates. We look for students with academic success, but also experience, responsibility, attitude, effort and maturity in terms of being ready for a university level program where you will be treated as an adult.

1. This is a student-driven application. Please answer all questions in as much detail as possible. Be honest and include explanations and details where appropriate. The entire application process should take you upwards of 4 hours minimum. Take your time and be thorough. Have someone you trust review your application before you submit. Please use **BLUE/BLACK** ink to complete. **NO PENCIL!**
2. **Meet and check** with your school-based counsellor to ensure that you meet all the requirements of the program you are selecting (ex: You are registered to complete English 12 in an advanced manner).
3. Check the University website for the **MINIMUM** requirements and pre-requisites, then go above and beyond. (Ex. The course requires Physics 11: you should consider taking Physics 11 and Physics 12. The higher the course, the higher your letter grade, the better your application reads).
4. Your **PEN** number is **NOT** the same as your school student number. Your **PEN** number can be found on the top of your report card and is 9 digits long.
5. Please provide **YOUR** cell phone number and a current **personal EMAIL**. (Ex: first name last name@gmail.com). Please **DO NOT** use your school district email address. We will not accept Parent or Guardian emails.
6. **Resume:** Be sure to include, certificates, awards, volunteer experiences/work experiences and course work that are **targeted to your area of study**. (Ex: if you are applying to be in the Professional Cook program, be sure to include that you have taken culinary courses or have your Food safe level 1. **Or** if you are applying to the Early childhood Education program, you should note that you have worked with children and young people).
7. **Cover Letter:** Your cover letter should be addressed to:
Selection Committee – Dual Credit Programs
(Name your specific program ex: PC1
8430 Cessna Drive
Chilliwack, B.C.
V2P 7K4
8. When asking for a teacher/school-based reference, it is recommended that you provide your reference a copy of your resume and cover letter so that they can speak to your skills and experience directly. Additionally, when selecting who should be a reference for you, consider asking someone who can speak positively and confidently about you, your skills, your attendance and attitude. The references need to be completed on the application-based form **NOT** as separate letters. It is important to provide your reference with enough time to complete the form accurately – this means **NO** last-minute asks.



**Chilliwack
School District**
CAREER EDUCATION

Application Requirements for Professional Cook Level 1:

Due MAY 4th, 2026

Applicants must meet the following requirements:

- Eligible students must be moving into their Grade 11 or 12 school year
- Eligible students must be capable of an increased academic course load
- Eligible Students must be committed to completing a BC Dogwood certificate (High School Completion)

Application Package Checklist: complete and submit to your school representative.

If you are a student with an IEP (Individual education Plan) Please attach a copy.

Application Forms Checklist:

- Student Information
- Statement of Interest and Intent
- Teacher Reference Form
- School Reference Form
- Resume
- Cover Letter
- IEP Documentation if applicable
- VCC Application for Admission Form

Only completed application packages will be processed.

Students will be required to participate in an Interview as part of the selection process. Students will be contacted after May 4th with a time to come in.

Please Note:

The British Columbia Freedom of Information and Protection of Privacy Act provides that VCC may not release any information pertaining to student records, to anyone other than the student without the student's consent. VCC does not normally allow any person other than the student to conduct student related business.

Student Fees:

Student paid fees will be shared with families upon acceptance to the program. We currently estimate these fees to be between \$700 - \$1000. Financial assistance may be available.

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: _____

Statement of Interest and Intent



Chilliwack
School District
CAREER EDUCATION

Name: _____

Program: **Professional Cook - Level 1 Dual-Credit Program**

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.?)

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.?)

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

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

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

Statement of Interest and Intent



Chilliwack
School District
CAREER EDUCATION

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

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

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

Teacher Reference Form

(Academic or Program Elective Teacher)



Chilliwack
School District
CAREER EDUCATION

Student: _____
Last Name First Name

Course you taught this student: _____ Grade: _____

This student has applied for a seat in the **Professional Cook - Level 1 Dual-Credit** 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: _____

School Reference Form

(Counsellor or Principal/Vice-Principal)



Chilliwack
School District
CAREER EDUCATION

Student: _____
Last Name First Name

Grade: _____

This student has applied for a seat in the **Professional Cook - Level 1 Dual-Credit** 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.

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| 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 Train in Trades Application Form

*Previously, ACE-IT (Accelerated Credit Enrolment in Industry Training) is a government-funded program for high school students providing both high-school credits and head start to completion of an apprenticeship program.

Broadway Campus
1155 E Broadway, Vancouver, BC, V5T 4V5
Downtown Campus
250 West Pender St, Vancouver BC, V6B 1S9
Email: youthintrades@vcc.ca
Tel: 604 871 7000
Fax: 604 871 7000

1. PERSONAL INFORMATION

| | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Legal Last Name (Family Name) | Apt. No/Address | | | | | | | | | | | | | | | | | | | |
| First Name | Town/City | | | | | | | | | | | | | | | | | | | |
| Preferred First Name | Province | Postal Code | | | | | | | | | | | | | | | | | | |
| Middle Name(s) | Country | Home phone | | | | | | | | | | | | | | | | | | |
| Email Address | Work (if applicable) | Cell phone | | | | | | | | | | | | | | | | | | |
| Do you have a VCC student number? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please enter your number: | <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

2. CITIZENSHIP

| | | |
|--|--|--|
| Date of Birth (MM/DD/YY) | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | Native Language |
| Birth Country | Citizenship Country | Are you a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Your status and citizenship/visa or Permanent Resident identification number | Issue date (MM/DD/YY) | Expiry date (MM/DD/YY) |

3. INDIGENOUS STUDENTS

Do you identify yourself as a Canadian Indigenous person? ☐ Yes ☐ No
If yes, select one or more option that best describes your Indigenous identity: ☐ First Nations (Status or non-Status) ☐ Métis ☐ Inuit ☐ Indigenous
☐ Please contact me regarding Indigenous student support and services. Your Nation:

4. EMERGENCY CONTACT INFORMATION

| | |
|-------------------------|---------------------|
| Name | Relationship to you |
| Contact Phone Number(s) | |

5. DECLARATION (MANDATORY)

- I understand that submission of this application does not guarantee admission to a program or course, and that admission is subject to meeting VCC's entrance requirements and space availability.
- I agree to abide by the rules and regulations of VCC as published on the VCC website, and those of the department and program in which I shall be registered.
- I certify that the information I have provided in this application is complete and accurate and may be verified by VCC. I understand that falsifying any documents or information submitted will result in immediate cancellation of my admission or registration at VCC.
- I have read and understand the VCC Protection of Privacy disclaimer on the back of this form.
- I understand that VCC will be sending communications in electronic format to my email.

Signature

Date

6. PROGRAM INFORMATION

I am applying for admission to:

- | | | |
|---|--|--|
| <input type="checkbox"/> Automotive Collision Repair Foundation | <input type="checkbox"/> Automotive Collision Repair – Onsite High School Learning | <input type="checkbox"/> Automotive Collision Repair – Online High School Learning |
| <input type="checkbox"/> Auto Refinishing Prep – High School | <input type="checkbox"/> Auto Refinishing Prep Tech - Foundation | <input type="checkbox"/> Auto Service Tech Level 1- Britannia Secondary School |
| <input type="checkbox"/> Auto Service Tech Level 1 – Foundation | <input type="checkbox"/> Baking Foundation | <input type="checkbox"/> Hair Design – Onsite High School Learning |
| <input type="checkbox"/> Hair Design – Offsite High School Learning (Maple Ridge) | <input type="checkbox"/> Heavy Mechanical Trades Foundation | <input type="checkbox"/> Professional Cook |
| <input type="checkbox"/> Other | Preferred start date (subject to waitlist): | |

7. EDUCATIONAL HISTORY

BC Examination or PEN number (Personal Education Number)

For current or past BC high school students only.

Name of last high school attended

City

Province

Last date attended (MM/YY)

Highest Grade Completed

8. SUPPORT FOR STUDENTS WITH DISABILITIES

Do you require additional support services due to a disability or medical condition? (optional)

☐ Yes ☐ No ☐ Not specified

To support you during your studies at VCC, please contact Disability Services by phone at 604.871.7000, option 2, by email at disabilityservices@vcc.ca, in person at the Student Development Reception at either campuses to arrange an intake appointment. Please visit <http://www.vcc.ca/disabilities> for more Information.

9. PROTECTION OF PRIVACY

Vancouver Community College (VCC) collects and retains student personal information under the authority of the College and Institute Act. The information will be used to admit, register and graduate students, record academic achievement, issue library cards, administer and operate academic, alumni and other College programs and other purposes consistent with the mandate of the college. Information on admission, registration and academic achievement may also be disclosed and used for statistical and research purposes by the college, other post secondary educational institutions, the Industry Training Authority and the provincial government. Personal information provided for admission and registration and any other information placed into the student record will be collected, protected, used, disclosed and retained in compliance with British Columbia's Freedom of Information and Protection of Privacy Act (R.S.B.C. 1996, c. 165). In addition to collecting personal information for its own purposes the College collects specific and limited personal information on behalf of the Students' Union of Vancouver Community College (SUVCC). The SUVCC uses this information for the purpose of student elections and the Student Health and Dental Plan. Please contact the SUVCC office if you have any questions about its collection, use and disclosure of the information. If you have any questions about the collection, use and disclosure of your personal information by VCC, please contact the Registrar's Office, Vancouver Community College, 1155 East Broadway, Vancouver, B.C. V5T 4V5; 604.871.7000, option 4.

10. CONSENT TO RELEASE PERSONAL INFORMATION TO YOUR SCHOOL DISTRICT (MANDATORY)

I agree, by signing this form, to allow my school district to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC. This authorization is valid for two years from the date of signing.

School District

Signature

11. CONSENT TO RELEASE PERSONAL INFORMATION (OPTIONAL)

I agree, by signing this form, to allow another person, family member, employer or agency to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC. This authorization is valid for two years from the date of signing.

Name/Organization

Relationship to you

Signature

12. CONSENT TO INVOICE (COMPLETED BY SCHOOL DISTRICT)

Vancouver Community College is to invoice the school district for program fees as outlined in the Memorandum of Agreement (MOU) and Industry Training Authority Technical Training Partnership form (ITA TTP).

It is up to the school district to outline and recover any fees listed in the Industry Training Authority Technical Training Partnership Form (ITA TTP form) that the student is responsible for paying. Students may also be required to purchase supplies such as textbooks, kits and personal protection equipment. For book lists, kits, etc. check the bookstore at vcc.ca/bookstore. Some equipment may be purchased elsewhere.

School District

Signature