

For Career Programs Office Use Only:

Received Date: _____ Application Complete Entered into Database

Interview Date: _____ Time: _____



APPRENTICESHIP (ACE-IT) PROGRAM APPLICATION

School District No. 38 (Richmond) www.sd38careerprograms.ca

PRINT CLEARLY Application Date: _____ School Year Applying for: 20__ - 20__

Name: _____ Grade: _____
Last First Middle

Mailing Address: _____

City/Prov: _____ Postal Code: _____ Email: _____

Parents' Email: _____ Parents' Cell: _____

Home Phone: _____ Student Cell: _____

PEN No. _____ Birthdate (year/month/day) _____

Home School: _____ Grad Date (mm/yy): _____ School Counsellor: _____

ACE-IT (Accelerated Credit Enrolment to Industry Training) PROGRAM CHOICES Check One:

- | | | |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Auto Service Technician – McNair | <input type="checkbox"/> Drafting (First year drafting core – Drafting is NOT an apprenticeship program) | |
| <input type="checkbox"/> Automotive Collision Repair (VCC) | <input type="checkbox"/> Hair Design - Boyd | <input type="checkbox"/> Motorcycle Technician (BCIT) |
| <input type="checkbox"/> Auto Re-Finishing Prep Tech (VCC) | <input type="checkbox"/> Horticulture (KPU) | <input type="checkbox"/> Parts & Warehousing (KPU) |
| <input type="checkbox"/> Baking & Pastry Arts (VCC) | <input type="checkbox"/> Masonry/Bricklaying (KPU) | <input type="checkbox"/> Painting & Decorating (FTI) |
| <input type="checkbox"/> Carpentry (BCIT) | <input type="checkbox"/> Metal Fabrication (BCIT) | <input type="checkbox"/> Plumbing - McMath |
| <input type="checkbox"/> Cooking – Richmond High | <input type="checkbox"/> Millwright (KPU) | <input type="checkbox"/> Welding (KPU) |
| <input type="checkbox"/> Other: _____ <small>(only if arranged through Career Programs Office)</small> | | |

Locations: **Bold** = high school location, BCIT = Burnaby Campus, VCC = downtown and Broadway, KPU = Kwantlen Polytechnic University - Cloverdale
NOTE: Programs will only be offered dependent on sufficient enrolment.

PARENT PERMISSION AND SUPPORT:

- I support my son/daughter's participation in the Apprenticeship program indicated in this application package.
- I am aware that we are responsible for arranging transportation to and from the program when required.
- I am aware that there are materials & equipment costs for this program for which we are responsible.
- I am aware that my son/daughter may enroll in only one of these programs.
- I believe that my son/daughter demonstrates a level of maturity suitable for a post secondary institution & agree that the information contained herein may be provided to the instructor(s) of the applicable post-secondary institution.
- We certify that all statements in this application package are true and complete.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Student Applicant Signature: _____

NOTE to all QUALIFIED APPLICANTS: The interview process will begin in the Spring prior to start of program.

In Partnership with:



STEP-BY-STEP APPLICATION PACKAGE GUIDE

Step 1. To be completed by the student:

- Complete this entire application package
- Ask a teacher, counsellor or administrator to fill out the Teacher Reference Form (page 4)
- Attach a Personal Reference Letter (*employer, coach, another teacher or community member*) **(DO NOT USE the same person who filled out the Teacher Reference Form)**
- Attach a Résumé (*highlight any skills or experiences related to your choice of trades training.*)
- SUBMIT all of the above

Step 2. To be completed by your school counsellor:

- Attach a copy of latest report card
- Attach a copy of PR card (both sides)
- Attach attendance profile
- Does this student have a Ministry of Ed Special Education Category code?
(*found in BCeSIS Student Services Module*)
 - Yes, please specify _____ No
- Does this student have an IEP? Yes - **please attach** No
- Submit **completed application** (with all attachments) to the **Career Programs Office** (c/o School Board Office).

REQUIRED INFORMATION

Care Card #: _____ Name of Family Doctor: _____

Address & Phone Number for Family Doctor: _____

Medical/Physical Concerns:

Are there any medical/physical problems that the school/post-secondary institution should be aware of, or that might affect performance (i.e. Diabetes, Epilepsy, Medication, Asthma, Allergies, previous physical injuries, etc.)?

- No
- Yes - please describe: _____

Emergency Contact: _____ Relationship to Applicant: _____

Telephone: Home: _____ Business: _____

Special Needs Information:

Are there any special needs that the school/post-secondary institution should be aware of, or that might affect performance (i.e. Learning Disability, ADD/ADHD, Physical Needs, etc.)?

- No
- Yes - please describe. In order to meet student needs, please ensure current documentation/assessment information is attached.

PLEASE NOTE

Acceptance into an apprenticeship program is subject to approval. Interview and completion of the application do NOT guarantee acceptance into the program. All applicants must also write an apprenticeship entrance math assessment.

STATEMENTS OF INTEREST AND INTENT

** To be HANDWRITTEN by the STUDENT ONLY**

Full Name: _____ **Apprenticeship Program:** _____

Please answer the following questions to the best of your ability.

1. What have you done so far to prepare yourself for study and work in this area? (i.e. related job or volunteer experience, extra-curricular activities or courses, reading, interviews with people, etc.)

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

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

4. What knowledge do you have of this career field? For example: opportunities for work, working conditions, wages, etc. (Visit www.itabc.ca to research your chosen program).

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

TEACHER REFERENCE FORM

Student: _____ **Grade:** _____
Last Name First Name

This student is applying for a seat in the _____ Program.

Please check the following traits as:	Excellent	Good	Satisfactory	Needs Improvement
1. Maturity	_____	_____	_____	_____
2. Accuracy / ability to follow instructions	_____	_____	_____	_____
3. Enthusiasm and interest	_____	_____	_____	_____
4. Adaptable - adjusts to new situations	_____	_____	_____	_____
5. Follows through on assigned tasks	_____	_____	_____	_____
6. Attendance	_____	_____	_____	_____
7. Punctuality	_____	_____	_____	_____
8. Shows motivation to learn new skills	_____	_____	_____	_____
9. Can work independently	_____	_____	_____	_____
10. Has positive attitude towards work	_____	_____	_____	_____
11. Accepts constructive criticism	_____	_____	_____	_____
12. Makes changes as a result of constructive criticism	_____	_____	_____	_____

13. As a candidate for this program I would rate this student as: (circle the most appropriate description)

1 2 3 4 5
SUITABLE STRONG EXCEPTIONAL

14. Could this student be counted on to represent the District favorably in a College setting?

YES _____ POSSIBLY _____ NO _____

15. Do you feel this student has a sincere interest in this District Partnership program?

YES _____ POSSIBLY _____ NO _____

16. Please **PROVIDE COMMENTS** that will aid in the selection of appropriate candidates.

This reference form was completed by:

Print Name: _____ Signature: _____

Subject Area: _____ School: _____