



SD8 Youth Trades Program YOUTH TRAIN IN TRADES APPLICATION

START HERE:

ENTER your personal information in the spaces below:

Name: _____ Email: _____

Phone: _____ School: _____

Program: _____

Start Date: _____

Year: _____

College: _____

Other Information: _____

INSTRUCTIONS:

A. Using Adobe Acrobat Reader (If required, obtain it for free online at get.adobe.com/reader):

1. COMPLETE this PDF form, typing your answers into all fields. Fill in required signatures and dates.
2. SAVE the PDF file for your records.
3. PRINT the PDF, then DELIVER to your School Counsellor OR the District Trades Training Coordinator.

OR

B. Using a paper copy of the form:

1. FILL OUT a printed copy of the form by hand.
2. DELIVER to your School Counsellor OR the District Trades Training Coordinator.

For more info or assistance, please contact your School Career Education Coordinator OR Counsellor.

Continue on next page

About the Program

INTRODUCTION

Youth Train in Trades is a dual-credit program where a secondary school student can receive grade 12 graduation credits while partaking in a Trades Training Foundational program at a technical training institute. The purpose is to provide the opportunity for earlier entry into a technical training program, apprenticeship and a rewarding career. The tuition cost for the college trade training is subsidized by the school district through monies received from the Industry Training Authority of BC and the Ministry of Education.

REQUIREMENTS

- A completed application including all the required signatures from school counsellor(s), parent(s) or Guardian(s), and applicant;
- The student must be registered as a student with a School District 8;
- An approved graduation plan developed with a school counsellor prior to graduation, including a defined career pathway that includes the foundation program;
- Completion of a Gr. 11 Math credit with a minimum mark of 60%
- Age at entry into Youth Train in Trades is under 19 years;
- Must complete the program by June 30th of the year they turn 19 years old;
- Remit a non-refundable application processing fee where appropriate.
- Apply at least eight months prior to the entry date in order to secure a seat.
- Partake in Student For A Day to meet instructor(s) and try out the program
- Complete the CRT (College Readiness Tool) if attending Selkirk College.

It is recommended that interested students do the following:

1. Have a [Grad Plan](#) that includes the five mandatory courses required for graduation, all successfully completed prior to entry into Youth Train in Trades.
2. Gain [work experience](#) in the trade of interest, be it volunteer or paid in order to gain some hands-on experience.
3. Work on developing the [Essential Skills](#) required for success in the trade (see link below).
4. Improve [literacy and numeracy skills](#) to one's maximum potential.

MORE INFORMATION

SD8 Youth Trades Programs: <https://www.sd8.bc.ca/programs/youth-trades>

Youth Train In Trades: <https://skilledtradesbc.ca/youth-train-in-trades-program>

PROGRAM APPLICATION:

 **COMPLETE** all fields below, including REFERENCES, then SIGN:

Name: _____ School: _____

Date of Birth: (DD/MM/YYYY) ____ / ____ / _____ PEN#: _____ SIN#: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____ Cell phone: _____ Email: _____

Program applying for: _____ Start Date: (DD/MM/YYYY) ____ / ____ / _____

Indigenous Identification: YES / NO

If YES, select Status: Metis Inuit Status / Non-Status Treaty / Non-Treaty

Parents'/Guardians' Names: _____

Parents'/Guardians' Address (if Different): _____

City: _____ Province: _____ Postal Code: _____

Home phone: _____ Cell phone: _____ Email: _____

REFERENCES:

Please indicate two references we can contact (one should be a teacher, the other an employer):

Name: _____ Phone: _____

Position: _____

Name: _____ Phone: _____

Position: _____

SIGNATURES:

*Sign below to indicated your intent to persue enrollment in the Youth Train in Trades program:
(By typing your name you agree that you are signing this document.)*

STUDENT (type your name): X _____ Date: _____

PARENT/GUARDIAN (type your name): X _____ Date: _____

YOUTH DISCOVER PROGRAM:

Did you participate in a Youth Discover Program? YES / NO

If YES, indicate which program:

Youth Discover the Trades Workshop / Made for Trades Day / Youth Explore Trades Sampler

LETTER OF ENDORSEMENT: FROM YOUR SECONDARY SCHOOL COUNSELLOR

This is to verify that (Student's Name) _____ has discussed his/her application for a Youth Train in Trades Program in (Trade).

(Student's Name:) _____ has the readiness in terms of maturity, essential workplace skills, and desire to succeed in this industry training program. I have checked the student's Graduation Plan and can verify that he/she can complete graduation requirements with the credits earned through the Train in Trades Program.

SIGNATURE:

COUNSELLOR (type name OR sign): X _____ Date: _____

Additional comments from counsellor:

TYPE comments in PDF field and SAVE file, or PRINT out and write comments in:

RELEASE OF INFORMATION:

I, _____ declare that I HEREBY GIVE CONSENT for personal information pertaining to myself be shared in print and/or discussed for the purpose of school planning, transitioning and/or integrated case management. I understand that such discussions could include representatives of any/all government ministries including Health, Education, Social Services, Attorney General, RCMP, as well as any additional persons who are providing services to me. I hereby understand that the release of information applies for the duration of time that the student is participating in the Youth Train in Trades program at Selkirk College, College of the Rockies, or other post-secondary training institutes, and their programs.

I understand that whatever information is discussed at school and transitional planning meetings, IEP meetings or Integrated Case Management meetings will be kept confidential, and not shared outside the meeting, except with people for whom I have previously given my consent for release of information.

SIGNATURE:

Sign below (by typing your name you agree that you are signing this document):

Student Name (type name): X _____ Date: _____

PHOTO, VIDEO, COPYRIGHT RELEASE:

School District 8 Kootenay Lake, College of the Rockies and/or Selkirk College seek your consent to collect, retain, use and disclose photographs, videos, images and/or names of students and groups of students in a variety of publications and on the School District's or Colleges' website(s) for educational purposes, such as recognizing and encouraging student achievement, and for the purposes of building the school community and informing others about the school district, its programs and activities.

Student names and/or images may be used in:

- School District and/or College communications, such as newsletters, brochures and reports;
- School District and/or College websites, social medial sites/video channels such as Facebook and YouTube;
- External media communications such as newspaper or television or online, including photographs, videotape and/or interviews (restricted to events where media is invited to school-related events); **
- Videos, CDs, DVDs for educational use only.

I DO GIVE MY CONSENT for School District 8 Kootenay Lake, College of the Rockies and/or Selkirk College collect, use and publicly disclose my name and/or image for purposes consistent with the above for this school year. I understand that images posted on the internet may be stored and accessed outside of Canada.

Student's Name: _____

SIGNATURE:

Sign below (by typing your name you agree that you are signing this document):

Student name (type name): X _____ Date: _____

***Please note that college and district staff cannot control news media access, photos/videos taken by the media or by others in public locations (e.g. field trips or off school grounds) or school events open to the public, such as sports events, student performances, school board meetings, etc. These are considered public events.*

RESPONSIBILITY AGREEMENT:

STUDENT AND PARENT/GUARDIAN COMMITMENT

This is an agreement between the student, the post-secondary Technical Training institute (College) and School District 8. The purpose of this agreement is to make our shared responsibilities clear as we work towards successful completion of your training.

High School/School District Responsibilities

- Inform you of the requirements specific to your program
- Help you formulate your 3-Year Grad Plan
- Encourage you to be proactive in informing program coordinators of any specific learning needs
- Liaise with parents/guardians and high school team, regarding your progress and participation
- Ensure that you are registered with Skilled TradesBC and your college of choice
- Provide marks and credits for completion of your grade 12 graduation once foundation training is successfully completed (see page 4)
- Pay college tuition and other supports as required

Student and Family Responsibilities

- Pay for books and tool costs needed for program
- Punctual and consistent attendance to college program is mandatory.
- Successfully complete all other courses required for grade 12 graduation prior to program start.
- Any monetary deposits, book, tool, equipment or uniform costs needed for the program will be paid by the student and family.
- Provide your own safety and support materials
- Complete the College Readiness Tool (Selkirk College) and if necessary participate in a Math or English upgrade program.
- Follow the Colleges' and the School District's Code of Conduct found on District Website
- Meet the program's homework and study expectations
- Communicate any difficulties to the SD8 Youth Trades Training Coordinator and your school Counsellor.
- Make all reasonable efforts to get hands-on work experience in chosen trade area

SIGNATURES:

Sign below (by typing your name you agree that you are signing this document):

STUDENT (type your name): X _____ Date: _____

PARENT/GUARDIAN (type your name): X _____ Date: _____

CHECKLIST:

 **ENSURE** you have provided and completed ALL of the following in order to be eligible for entry into Youth Train in Trades:

- Completed and signed YTT Student Application Package, including: program application, program choice, release forms, and responsibility agreement
- Copy of your latest Resume (attached digital scan, or submitted in printed format)
- Transcript of your secondary school courses and marks, signed by a counsellor, in order to demonstrate your ability to complete all requirements for graduation (attached digital scan, or submitted in printed format)
- Endorsement letter signed by the counsellor (attached digital scan, or submitted in printed format)
- Completed and signed trades college Application form (attached digital scan, or submitted in printed format)
- Completed and signed Skill Trades BC YTT Registration Form (attached digital scan, or submitted in printed format)
- Cheque payable to Selkirk College or College of the Rockies, OR credit card information for the application processing fee
- Understanding of books, safety gear, and supplies needed for the program and costs.
- Visit to the College to meet the training instructor and be a Student for a Day (SFAD)



SELKIRK COLLEGE APPLICATION

FOR ADMISSION & RE-ADMISSION

APPLY AND PAY ON-LINE AT APPLY.EDUCATIONPLANNERBC.CA/APPLY/COMPLETE-APPLICATION/SELKIRK
OR FILL OUT THIS APPLICATION FORM. PLEASE FILL OUT ALL SECTIONS.

Selkirk College

STUDENT ID

HAVE YOU PREVIOUSLY ATTENDED SELKIRK COLLEGE? Yes No

PERSONAL DATA

Legal Last Name:	Legal First Name:
Legal Middle Name:	Previous Last Name(s)
PEN Number: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (yy/mm/dd): <input type="text"/>

PERMANENT MAILING ADDRESS

Number: <input type="text"/>	Street: <input type="text"/>	PO Box: <input type="text"/>
City: <input type="text"/>	Province/Country: <input type="text"/>	Postal Code: <input type="text"/>
Day Phone: <input type="text"/>	Evening Phone: <input type="text"/>	Cell Phone: <input type="text"/>
Email(s): <input type="text"/>		

CURRENT MAILING ADDRESS (IF DIFFERENT FROM PERMANENT)

Number: <input type="text"/>	Street: <input type="text"/>	PO Box: <input type="text"/>
City: <input type="text"/>	Province/Country: <input type="text"/>	Postal Code: <input type="text"/>
Day Phone: <input type="text"/>	Evening Phone: <input type="text"/>	Cell Phone: <input type="text"/>

NEXT OF KIN - EMERGENCY CONTACT

Full Name: <input type="text"/>	
Email(s): <input type="text"/>	Phone: <input type="text"/>

CITIZENSHIP INFORMATION

Canadian Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, what citizenship: <input type="text"/>
Landed Immigrant: <input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, date of landing: <input type="text"/> Document of landed status must be submitted .

Acceptable documentation can be found at: <http://www.cic.gc.ca/english/information/applications/guides/5545ETOC.asp#5545E2>

VOLUNTARY DISCLOSURE

Selkirk College is dedicated to providing access to Indigenous students and supporting them in their efforts to achieve their goals.

Do you identify yourself as an Indigenous person, that is Métis, First Nations or Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please check all that apply: <input type="checkbox"/> Métis <input type="checkbox"/> First Nations <input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Treaty <input type="checkbox"/> Non-Treaty <input type="checkbox"/> Inuit
Do you require special arrangements or assistance for a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No (For example: learning disability, physical disability, mental health, required service dog etc?) Accessibility Services will contact you to offer support.
Optional: Are you or were you a Youth in Care in British Columbia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not certain I qualify

PROGRAM CHOICES

Before completing this section, refer to selkirk.ca/programs for information on programs available. If you are unclear of which program to apply for, contact the Admissions Office at 250.365.7292. You may wish to discuss your educational goals with a College Counsellor.

Student Status: <input type="checkbox"/> New Student (first application) <input type="checkbox"/> Continuing Student (same program) <input type="checkbox"/> Returning Student (different program)					
Name of Program:			Year: <input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year		
Associate Degree: <input type="checkbox"/> Arts <input type="checkbox"/> Science		Distance Education: <input type="checkbox"/>	Apprenticeship Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		TWID# :
Academic Upgrading: <input type="checkbox"/> Castlegar <small>Grades 9-12</small> <input type="checkbox"/> Nelson <small>Grades 9-12</small> <input type="checkbox"/> Trail <small>Grades 9-12</small> <input type="checkbox"/> Grand Forks <small>Grades 9-12</small> <input type="checkbox"/> Kaslo <small>Grades 9-12</small> <input type="checkbox"/> Nakusp <small>Grades 9-12</small>					
Adult Special Education: <input type="checkbox"/> Castlegar <input type="checkbox"/> Nelson <input type="checkbox"/> Trail <input type="checkbox"/> Grand Forks <input type="checkbox"/> Kaslo <input type="checkbox"/> Nakusp					
Start Date (mm/yy):			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		

PREVIOUS EDUCATION

HIGH SCHOOL EDUCATION

Name of High School Attended (most recent):		
City:	Province/Country:	School District Number:
Highest Grade Completed:	Years Attended (from/to):	Graduation Date (mm/yy):

POST-SECONDARY EDUCATION

NAME OF COLLEGE / UNIVERSITIES	CITY / PROVINCE	YEARS ATTENDED (FROM/TO)
1.		
2.		
3.		

FEES & PAYMENT

An application fee is required if you are a New Student (1st Application) or a Returning Student (to different program).

An application fee is not required if you are a Continuing Student (to same program) or Academic Upgrading/Adult Special Education student.

Domestic & International non-refundable application fee amounts are posted at: selkirk.ca / Financial Info / Miscellaneous Fees

By Mail: Attach a cheque or money order and mail to Selkirk College

By Phone: Call in to cashier for credit card payment 1-888-953-1133 ext 21297 or ext 13244

In Person: Cash, cheque, debit, credit card

International Students: complete payment form provided by Selkirk International Department - Email: international@selkirk.ca

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY

DECLARATION: I declare that the information contained in this application is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations as listed in the Selkirk College calendar and as amended by the Selkirk College Board. I also agree to any penalty assessed for non-compliance with the rules and regulations. In signing this application for admission, I understand that Selkirk College will use and maintain the information for the purposes of admission, registration, student support services, research, alumni and development, administration of the Student Union Health and Dental plan, and other purposes consistent with the mandate of the institution under the College and Institute Act. Information on admission, registration and academic achievement may also be disclosed to 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).

APPLICANT SIGNATURE

DATE SIGNED

Authorization of Release of Student Information

In compliance with the Freedom of Information and Protection of Privacy Act, Selkirk College cannot release student information to anyone outside of the College, without written authorization of the student. Completion of this form authorizes the release of information as specified by you. *Please note, this form is optional.*

1. I, _____ give my consent to Selkirk College to release the
Name of Student
 information as requested, to:

2. Name of Person or Agency/Organization

Relation to student: *(Mother, Father, Legal Guardian, Spouse, Sponsor, Other)*

	SD#8 Youth Train in Trades Coordinator
	School Education Coordinator or Counsellor or Principal
	Mother / Father / Legal Guardian

Please note: If only the name of an Agency or Organization is listed, it allows Selkirk to connect with any employee from that agency/organization.

2. The information to be released: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Application/admission status | <input type="checkbox"/> Documented medical situation |
| <input type="checkbox"/> Program/course fees | <input type="checkbox"/> Doctor's direction |
| <input type="checkbox"/> Program/course name and dates | <input type="checkbox"/> Diploma/Certificate/Citation achievement |
| <input type="checkbox"/> Final grades/transcripts | <input type="checkbox"/> Add/Drop Course |
| <input type="checkbox"/> T2202A Tax Form | <input type="checkbox"/> Other, specify _____ |

3. **Choose one:**

I am aware that this authorization is valid for:

- A period of time commencing today and terminating one year after my graduation.
- Or from _____, 20____ to _____, 20____.
- Or after discontinuance of studies at the College.
- I will inform the Registrar's Office in writing should I decide to withdraw my consent at an earlier date.

4. **Signature:** _____ **Date:** _____

Student Number: _____ **Program:** _____

Return by mail or drop off at your closest campus.

**Selkirk College
 Castlegar Campus**
 Office of the Registrar
 301 Frank Beinder Way
 Castlegar BC V1N 4L3

**Selkirk College
 Nelson Campus**
 Office of the Registrar
 2001 Silver King Road
 Nelson BC V1L 1C8

**Selkirk College
 Trail Campus**
 Office of the Registrar
 900 Helena Street
 Trail BC V1R 4S6

YOUTH TRAIN IN TRADES REGISTRATION FORM

Please complete and return this form to your district career coordinator. All ***mandatory fields** must be completed.

A. STUDENT INFORMATION

*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer	Personal Education Number (PEN):
*Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Primary Phone Number: ()	Secondary Phone Number: ()	*Email Address:
Do you agree to receiving updates via SMS to your primary phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Do you self-identify as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		

B. PARENT/GUARDIAN'S INFORMATION

I, _____
(print surname followed by given names of parent/guardian)

of _____
(street address) (city, town) (postal code)

Declare that:

- I am the custodial parent legal guardian of the minor named above; and,
- I authorize the school to release the information outlined in Sections A & B to SkilledTradesBC for the purpose of registering the student with SkilledTradesBC in a Youth Trade program; and to use the registration information for statistical data.
- I understand that I can only withdraw this consent by written request addressed to the school.

Student's Signature:	Date (MM/DD/YYYY)
Parent/Guardian's Signature:	Date (MM/DD/YYYY)
SD/Independent Board Authority Contact's Signature	Date (MM/DD/YYYY)

C. PROGRAM INFORMATION (TO BE COMPLETED BY SCHOOL DISTRICT OR INDEPENDENT BOARD AUTHORITY)

Program Type (Select one): <input type="checkbox"/> Level 1 <input type="checkbox"/> Foundation	TRAIN Intake (MM/YYYY):	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
*Trade Name:			