



**Coast Mountains Board of Education  
School District 82**



**coast  
mountain  
college**



***YOUTH TRAIN IN TRADES  
Program Application Package***

**Name:** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

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

**Training Program:** \_\_\_\_\_

**Application Date:** \_\_\_\_\_

**Programs offered in 2019/20:**

- Esthetician
- Hairstylist
- Health Care Assistant
- Automotive Service Technician
- Carpenter
- Electrician
- Heavy Duty Equipment Technician
- Plumber
- Prof. Cook
- Welder

Submit the completed application package and additional documents to your school's career counsellor or to:

*Northwest Trades & Employment Training Centre (NTETC), Terrace  
Geoff McKay (Principal), NTETC@cmsd.bc.ca or 250 635-7944*



**NW Regional Trades & Training  
Student Information Verification**

Pupil No.:

Homeroom:

Teacher:

**STUDENT**

Legal Last Name	_____	Home phone	_____	Unlisted?	<input type="checkbox"/>
Legal First Name	_____	Student e-mail	_____		
Legal Middle Name(s)	_____	RR # / PO Box	_____	Family Courier	<input type="checkbox"/>
Usual Last Name	_____	Street address	_____		
Usual First Name	_____	City	_____	Prov	_____
Usual Middle Name(s)	_____	Mailing address (if different than property address)			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Street Address	_____		
Date of birth	_____	RR Number/PO Box	_____		
Personal Health No.	_____	City	_____	Prov	_____

Previous School Name \_\_\_\_\_ District \_\_\_\_\_ City \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Last, First name \_\_\_\_\_

Relationship \_\_\_\_\_

Male  Female  Parental authority or guardian

Can pick up  Lives with student

Receive mailings  Receive email

Receive autodialer calls  Has portal access

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Property Address** (if not living with student)

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

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**Mailing Address** (if different than student / propertyAddress)

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

E-mail address \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Last, First name \_\_\_\_\_

Relationship \_\_\_\_\_

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RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

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Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

E-mail address \_\_\_\_\_

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Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

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**Mailing Address** (if different than student / propertyAddress)

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

E-mail address \_\_\_\_\_

**NW Regional Trades & Training  
Student Information Verification**

Pupil No.: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Teacher: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (contacted if parents can't be reached, listed in the order they are to be called)

Emergency Contact 1 _____	Home phone _____	Work phone _____
	Cell phone _____	Relationship _____
Emergency Contact 2 _____	Home phone _____	Work phone _____
	Cell phone _____	Relationship _____
Emergency Contact 3 _____	Home phone _____	Work phone _____
	Cell phone _____	Relationship _____
Out of district contact _____	Home phone _____	Work phone _____
	Cell phone _____	Relationship _____

**SIBLING INFORMATION**

Legal Last Name _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First Name _____		Female <input type="checkbox"/>	Relationship _____
Legal Last Name _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First Name _____		Female <input type="checkbox"/>	Relationship _____
Legal Last Name _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First Name _____		Female <input type="checkbox"/>	Relationship _____
Legal Last Name _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First Name _____		Female <input type="checkbox"/>	Relationship _____
Legal Last Name _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First Name _____		Female <input type="checkbox"/>	Relationship _____

**STUDENT LEGAL ALERTS - Court Order on file?**

Description \_\_\_\_\_

**STUDENT MEDICAL ALERTS** Life Threatening?  Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

**OTHER STUDENT ALERTS - Health, family or other informational**

Description \_\_\_\_\_

**CITIZENSHIP (country)** \_\_\_\_\_ Visa Status \_\_\_\_\_ Expiration \_\_\_\_\_

**LANGUAGE** At Home \_\_\_\_\_ Most Used \_\_\_\_\_ First \_\_\_\_\_

**ABORIGINAL ANCESTRY** Métis  Inuit  Status-On Reserve  Status-Off Reserve  Non-Status

Band of Origin \_\_\_\_\_ Band of Residence \_\_\_\_\_ Status No. \_\_\_\_\_

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

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

**A. Parent/Guardian Signature:**

I grant my son/daughter permission to participate in the Dual Credit Program with the Coast Mountains School District 82 and the program partner, ITA, and that information contained herein will be provided to the instructor(s).

- Yes, I hereby grant permission to CMSD personnel to take photos/videos of my son/daughter. These pictures/videos may be used in career program publications and on the CMSD website at any time for purposes of promotion and celebration of student successes.
- No, I do not grant permission to CMSD personnel to take photos/videos of my son/daughter for purposes of promotion and celebration of student successes.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

**please print**

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

**B. Applicant Signature:** I certify that all statements on this application are true and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Teacher Reference Form (Dual Credit Application Package)

Please provide a teacher reference from your current school. Select a teacher who knows your practical skills and abilities. Provide an employer reference if you aren't currently enrolled at a school.

**Dual Credit Program:** \_\_\_\_\_ **Student:** \_\_\_\_\_

Please check the following traits as:	Excellent	Good	Satisfactory	Needs Improvement
1. Maturity				
2. Accuracy/ability to following direction				
3. Enthusiasm and interest				
4. Adaptability – adjusts to new situation				
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. Communication: oral, written, spoken				
12. Accepts constructive criticism				
13. Makes changes as a result of learning				

Please check the following:	Yes	Possibly	No
14. Could this student be counted on to represent the school favorably in an industry setting?			
15. Do you feel this student has a sincere interest in the program?			

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Evaluation completed by:**

Name: \_\_\_\_\_ Course: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_





## Statement of Interest and Commitment (Dual Credit Application Package)

1. What have you done to prepare yourself for study and work in this Dual Credit Program?  
(e.g. related jobs, volunteer experience, extra-curricular activities, courses, job shadows)

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2. Explain the skills and talents that you have that will help you succeed in this career/trade?

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3. Why are you a good candidate and what can you do to ensure you'll be successful?

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## Program/Trade Research

Research your trade/career and answer the questions below specific to your trade/career.  
Useful websites:

[www.itabc.ca/youth](http://www.itabc.ca/youth)  
[www.workbc.ca/](http://www.workbc.ca/)

[www.jobbank.gc.ca](http://www.jobbank.gc.ca)  
[www.careercruising.com](http://www.careercruising.com)

1. Describe what you do in this career/trade?

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2. What are two of the critical skills learned in this career/trade?

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3. List two things you will learn in this program?

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4. What are three types of workplaces for this career/trade?

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5. How much money could you earn in one year upon completion of the program?

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6. Which are the best places in BC to find work in this career/trade?

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## FIELD TRIP DISCLAIMER & PERMISSION FORM

As part of the Dual Credit Program and learning experience, instructors may from time to time schedule off-site events, such as field trips to local businesses, schools etc. Transportation may include, but is not limited to, walking, private vehicles, and public transportation.

I hereby agree to participate in field trips as required.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

I hereby permit my son/daughter \_\_\_\_\_  
to participate in field trips as required.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

## APPLICATION FOR Youth Train in Trades ADMISSION

coast  
mountain  
college



Visit [coastmountaincollege.ca](http://coastmountaincollege.ca) for current application and document requirements for the program of your choice.  
**YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIRED DOCUMENTS ARE RECEIVED.**

Have you previously registered in a course or program at Coast Mountain College (CMTN)?

Yes  No

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Last name:		First name:		Middle name:	
Birthname or other surname(s) if different from above:			Email address:		
Permanent address (mail will be sent to this address):			Local address (while attending Coast Mountain College):		
City:	Province:	Postal code:	City:	Province:	Postal code:
Home telephone #:	Business telephone #:	Cell #:	Other telephone #:		
Social Insurance Number: <i>Optional - Required for taxes only</i>			Date of birth: YEAR MONTH DAY		<input type="checkbox"/> Female <input type="checkbox"/> Male
BC Personal Education # if known:		<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other Please indicate: ..... Country of primary citizenship: ..... <i>Immigration papers must be attached if applicant is not a Canadian Citizen</i>			
ITA Trade Worker ID # (TWID) if known:		<i>Optional statistical information</i> Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select one or more: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			
Program for which you are applying:		<b>Voluntary disclosure learning/physical disability/medical condition?</b> <input type="checkbox"/> Yes <i>CMTN will provide you with information about receiving supports/services</i>			
Preferred campus location:		<b>EMERGENCY CONTACT NAME:</b> ..... (.....)..... Relationship Telephone (include area or country code)			
<input type="checkbox"/> Full-time	Date you would like to start: YEAR MONTH				
<input type="checkbox"/> Part-time					

Where do you currently get your information about Coast Mountain College (CMTN)? (Check top 3 sources.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> At your high school [s1]           | <input type="checkbox"/> Social media [s5]          | <input type="checkbox"/> CMTN Guide Book [s9]  |
| <input type="checkbox"/> Local media: newspaper, radio [s2] | <input type="checkbox"/> CMTN website [s6]          | <input type="checkbox"/> CMTN Online Calendar [s10]  |
| <input type="checkbox"/> From a friend [s3]                 | <input type="checkbox"/> Promotional Materials [s7] | <input type="checkbox"/> CMTN Student Services Team (Academic or First Nations Advisor, Disabilities Coordinator, Learning Assistant Specialist) [s11] |
| <input type="checkbox"/> From your parent/guardian [s4]     | <input type="checkbox"/> Employment Counsellor [s8] |  |

### EDUCATIONAL INFORMATION

**Secondary** Submit a sealed Official Transcript from your high school. Students who are currently attending high school must submit an Interim Transcript.

Current secondary school	School district	Province (or country)	Grade enrolled	
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### School Coordinator Authorization

School	Named Coordinator	Signature of Coordinator	Date Signed
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Please note: Interim transcripts are to be submitted to Student Services during initial meeting. If there is a learning disability disclosed, please submit the learning aids required for successful learning. Examples: Reader / Scribe / Extra Time on test and exams.

**GENERAL INFORMATION**

Contact your local college campus for information about services for housing, child care or students with disabilities.

**DECLARATION**

1. The information in this application is, to the best of my knowledge, complete and correct.
2. I agree to follow the rules and regulations of the College as listed on the Coast Mountain College (CMTN) website or as amended by the College Board.
3. I understand that personal information from this application will be used to verify my Personal Education Number (PEN) or one will be assigned to me for the purpose of research and evaluation. Any information released will be in a non-identifiable form.
4. I understand that both the information provided and any other information placed on my student record will be protected and used in compliance with *Bill 50 Freedom of Information and Protection of Privacy Act (1992)* and the operations of the College.
5. I agree to CMTN sharing information with the school and/or my parents/guardians for the duration of the program

Information collected and maintained as part of my student record is collected under the authority of the *Colleges and Institutions Act*.

Student Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

I understand that only the tuition portion of the Youth Train in Trades program will be covered by the School District and that I am fully responsible for all additional costs ie. books, tools, personal protective equipment and housing if applicable. Permission is granted to photograph son/daughter for promotional activities such as brochures and newspaper articles.

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Send to: **Admissions Office**

**Coast Mountain College**  
**5331 McConnell Avenue**  
**Terrace, BC V8G 4X2**

Visit [coastmountaincollege.ca](http://coastmountaincollege.ca) for current application and document requirements for the program of your choice.

**YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIRED DOCUMENTS ARE RECEIVED.**

**For Office Use Only**

Operator	Date
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