

Dual Credit Application



Congratulations on deciding to take this exciting step forward into your education and future career! This guide will be helpful as you prepare your application for submittal to us.

WHAT IS DUAL CREDIT?

Taking part in this program means that you will attend a college program while enrolled in high school. You will receive both college credits and a number of Grade 12 credits that will be used towards your required graduation credits. The school district will provide tuition sponsorship for the foundation or certificate program. Your Career Coordinator will support you throughout the application process and the remainder of the program.

PLEASE READ

STEPS FOR SUBMITTING AN APPLICATION:

- It is in your best interest to complete your application as soon as possible to give you the best chance for admittance into the college program. This would ideally be completed as close to the registration opening date as possible, usually a year in advance to the start date. We will also require time to review your application.
- Submit the application package to your Career Coordinator for review and they will forward the completed application to the Career Programs District Office.
- You may be asked to complete an entrance exam for English and/or math competency.
- In addition, your attendance, behavior record, and transcript will also be reviewed.
- If a candidate is successful their application will be sent to the post-secondary institution by the Career Department staff.
- The Career Department and the post-secondary institution will notify the candidate via email if accepted into the program. A conditional acceptance letter will be sent via email to the candidate as well as information from the post-secondary regarding class start times, textbooks, etc.

ADDITIONAL ITEMS THAT NEED TO BE SUBMITTED WITH YOUR APPLICATION

Resume

Include an up-to-date resume.

Personal Letter in Support of Application

Create a letter that answers the following questions: What makes you confident that you have selected the best Dual Credit program for yourself? How does the program selected relate to your planned occupation/career? Why do you believe you will be successful in completing the program? What skills and experiences do you already have that will help lead to your success? Support your answer with three relevant examples.

Community Reference Letter

Ask an employer, coach, teacher, family friend, etc. (must be an adult and not family), for a reference letter explaining why they recommend you for the program. What skills and personality traits do they believe you possess that would make you successful at completing this program?

WorkSafe Certificate

You should have completed a WorkSafe module in your CLE 10 (Career Life Education) class. Most teachers will provide a WorkSafe Certificate upon successful completion of this module. If you did not receive a certificate then you'll need to complete the unit and test as described in the application package.

CONDITIONAL ACCEPTANCE

After being admitted into the Dual Credit Program students are conditionally accepted and School District #22 reserves the right to refuse/remove sponsorship of any student due to poor attendance, achievement or discipline issues, etc., either prior to the start of the program or through its duration.

CONTACT YOUR CAREER COORDINATOR FOR ASSISTANCE:

Seaton/Alternate
Melanie Jorgensen
mjorgensen@sd22.bc.ca
(250) 306-6806

Kalamalka/VSS
Tim Thorpe
tthorpe@sd22.bc.ca
(250) 549-6921

Fulton/CBSS/Crossroads/vLearn
Debbie Meyer
dmeyer@sd22.bc.ca
(250) 540-1714

Last Name: _____ First Name: _____

School: _____ Current Grade: _____ Grad Year: _____

Which program are you applying for:

Train in Trades

Certificate Program

Micro-Credential

(IT User Support, Video Game, Etc.)

Name of Program: _____ Start Date: _____
(i.e. Welding/Education Assistant)

Post-Secondary Campus: _____

Use the checklist below to ensure your application is "complete" before handing into the Career Coordinator.

Students:

Application Form	Consent for Release of Confidential Information
Job Profile (Parts A, B and C)	Refusal of Unsafe Work
Post-Secondary Institution Application Form	Student Education Plan (planning version)
Post-Secondary Release of Information	Teacher Recommendation
Skilled Trades BC Registration Form <i>(Train in Trades Applicants Only)</i>	Work-site Agreement <i>(Carpentry Applicants Only)</i>

Planned Occupation/Career: _____

Planned Post-Secondary Credential: _____

Planned Post-Secondary Institution for above Credential: _____

Student Provided Additions:

Resume	Personal Letter in Support of Application
WorkSafe Certificate	Community Reference Letter (not family)

Organized by your Career Coordinator (if required):

Interview with Selection Committee	Competency Exam (TEA/Accuplacer)
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Office Additions – OFFICE USE ONLY

High School Attendance Record	
High School Discipline Record (if applicable)	IEP and Case Manager Recommendation (if applicable)
Official High School Transcript	Grad Transition Plan - Signed

In order to successfully complete a Dual Credit Program, the student must:

- ❖ Fulfill the Dogwood graduation requirements
- ❖ Pass the post-secondary program course(s)



SD22 CAREER PROGRAMS

APPLICATION FORM
PLEASE PRINT CLEARLY IN PEN

Name: _____
Last Name First Name Middle Name

Preferred Name: _____ Pronoun: she/her/hers
he/him/his
they/them/theirs Gender: _____

Indigenous: Yes No Canadian Citizen: Yes No
If yes: Status Non-Status Inuit Metis

Address: _____
(Including City and Postal Code)

PEN#: _____ School: _____ Current Grade: _____

Student Cell: _____ Date of Birth (Month, Day, Year): _____

Student email address: _____
(NOT AN SD22 SCHOOL EMAIL, NO PARENT EMAIL)

Are you currently on an IEP or Learning Plan? Yes No

* If on an IEP

Case Manager please provide a written reference for the coded student that includes the curricular and environmental adaptations, as outlined in the current IEP.

A copy of the IEP/Learning Plan is attached to the application Special Ed. Designation _____

Parent/Guardian Contact Name: _____
Last Name First Name

Email address: _____ Phone: _____

Parent/Guardian Contact Name: _____
Last Name First Name

Email address: _____ Phone: _____

I/We certify the information given in this application is true and complete to the best of our knowledge and understand that, if selected for a Career Program: falsified statements may be reason for removal. I authorize investigation of all statements contained herein and the references listed in this application.

I/We allow the Career Program department to use any program related picture of myself/the student named above for the purpose of promotion and communications for the Program.

I/We are aware that good attendance and work habits are expected and failure to demonstrate them may result in the student's disqualification. It is important for students to seek support early if they are not having success in the program and the career coordinators can help navigate this if help is needed. If your child voluntarily withdraws, is forced to withdraw, or does not successfully complete the Program, the ancillary fees and other costs for student materials will not be refunded.

Student Signature _____

Date: _____

Parent Signature _____

Date: _____

All signatures must be in place before application is processed.



SD22 CAREER PROGRAMS

JOB PROFILE RESEARCH (PART A)

To support your application, you must complete the following research of your selected job or career. **Please provide thoughtful and insightful responses to each question.** Answers to these questions will help determine a student's commitment and readiness to start a Dual Credit Program.

Use this website to help with your research: www.workbc.ca/jobs-careers/explore-careers.aspx

Occupation: _____

Description: _____

High School Pre-Requisites: _____

School/Programs needed: _____

Future Potential at this type of job (is there work?): _____

What are your future goals related to this career? _____

Find someone in the career field in which you have researched and are interested in and ask them the following interview questions.

What is your trade or occupation?

What are some of your job duties and responsibilities?

What are some of the prerequisites you need to get into this career?

Are there other courses that would help you succeed in this career?

What are some of the highlights of this occupation?

What are some of the downfalls of this occupation?

What are some of the safety factors concerning this occupation?

What are the chances of promotion in this career?

What is some advice you would give me on pursuing this as a career?

Name of Person Interviewing: _____ Company: _____

Position: _____ Phone No.: _____ Date: _____

Answer the following questions based on your research.

What are some things you found out about this career that you did not know before?

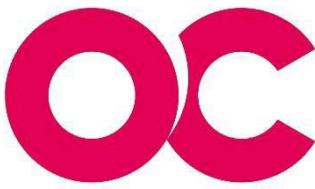
Based on your research, are you still interested in this career? Why?

Are there any Post-Secondary or Community run courses that would help you get a job in this career?

What are your immediate plans as far as pursuing this career?

What are your long-term plans as far as pursuing this career?

Do you consider this a life-long career? If not, what are your long-term plans?



APPLICATION FORM

CONCURRENT ENROLMENT

FOR OFFICE
USE ONLY

[] Non-refundable \$30 fee paid.

[] Not applicable

DATE/TIME:

INITIALS:

Program Name

- ☐ Associate of Arts
- ☐ Associate of Science
- ☐ Business
- ☐ Trade: _____
- ☐ Certificate: _____

Campus

- ☐ Vernon
- ☐ Kelowna
- ☐ Penticton

Term

- Fall (September)
- Winter (January)
- Summer Session I (May)
- Summer Session II (July)
- Other: _____

Current High School Attended	City/Province	From Year/Month	To Year/Month	Currently Attending	Grade/Year Completed

Personal Information—Please Print Clearly

Legal Last or Family Name		First Name		Middle Name(s)
Preferred First Name	Previous (Maiden) Name (if applicable)		Okanagan College ID (if known)	PEN (if known)
Permanent Address				City/Town
Province/State and Country			Postal Code/Zip Code	
E-mail Address (Okanagan College uses email to communicate with all applicants. Please ensure you have entered your email address correctly. It is your responsibility to provide the College with your current email so we can communicate important information to you)				
Gender ☐ Male ☐ Female ☐ Not Available			Date of Birth day month year	
Country of Citizenship		Official Status in Canada ☐ Permanent Resident/Landed Immigrant ☐ Canadian Citizen ☐ Current, valid Study Permit ☐ Visitor ☐ None of the above		
Telephone - Primary		Telephone - Alternate		
Emergency Contact Name (Please note, the emergency contact is not granted a release of information unless specified in the student's myOkanagan account.)				
Emergency Contact Telephone - Primary		Emergency Contact Telephone - Alternate		

1) Is your educational goal to complete an entire program of study (any length) at Okanagan College?

(Degree, Diploma etc.)

☐ Yes ☐ No

2) If you answered "No" to question 1, what is your educational goal at Okanagan College?

- ☐ Study for two years at Okanagan College
☐ Take a few courses at Okanagan College
☐ Study for one year at Okanagan College
☐ I haven't decided yet
☐ Other _____

3) After achieving your educational goal, what do you intend to do next?

- ☐ Enter or re-join the workforce
☐ Transfer to another college, university or institute
☐ Nothing in particular - I'm here for general interest
☐ I haven't decided yet
☐ Other _____

Voluntary Disclosure

Do you identify yourself as an Aboriginal person, that is, First Nations, Métis, or Inuit?

☐ Yes ☐ No

If you answered "Yes", please indicate if you are:

☐ First Nations ☐ Métis ☐ Inuit

Do you identify yourself as a first generation student, that is, neither of your parents attended a post-secondary institution (college or university) in Canada?

☐ Yes ☐ No

Personal Information

Okanagan College is a public body governed by the *Freedom of Information and Protection of Privacy Act* (FIPPA), which permits us to collect, use and share your personal information only for authorized purposes. We collect, use and share personal information that relates directly to and is necessary for Okanagan College's programs and activities. The information on this form is collected under the authority of the FIPPA, the *College and Institute Act* and from other government agencies. The information will be used for the purposes of admission and registration. If admitted, your personal information is used and shared for a variety of purposes consistent with our mandate. Your information may be shared with the students' association, the alumni association and the Okanagan College Foundation for purposes such as provision of student services; alumni development; recognition of academic excellence, convocation program and donor awards. Information may also be used for research purposes but in those cases, individual identities will not be disclosed. Additional information may be found in our "Protection of Privacy Policy" on the Okanagan College website. Questions about the collection, use and sharing of your personal information may be directed to the Registrar.

Under the FIPPA, staff may not release personal information such as your student record or registration to anyone other than you without your consent. We must, therefore, deal directly with you on all inquiries, transactions or appeals. If, for any reason, you need a parent or other person to act on your behalf, and wish to give them full authority to do so, you must provide Okanagan College with your written consent authorizing the release of your personal information to that person by completing a "Consent to Release Information" form which can be found in your myOkanagan account at <http://myokanagan.bc.ca>.

Communication: Communications from the College will be by email in most cases. Other important information and policies can be found on the College website. Please notify the College of any change to your email address. Please refer to the "Electronic Communication for Students and Applicants Policy" in the Calendar for details: www.okanagan.bc.ca/calendar.

Declaration and Consent: I certify that the information contained herein and that all statements made in connection with this application are true, correct and complete. I understand that any misrepresentation, incomplete disclosure or falsified information on this application may result in the cancellation of my admission or registration status. I consent for the College to collect and use my personal information. I agree that Okanagan College may verify the information provided by contacting any secondary or post-secondary institutions. I authorize Okanagan College to access Okanagan University College (OUC) records in the event I previously attended OUC. I understand and agree that my admission will not be final until my file is complete and I have satisfied all document and other requirements by Okanagan College. I authorize the posting of my grades where such posting identifies me only by my personal OC student ID number.

I understand and agree to abide by the rules, regulations and policies of Okanagan College as outlined in the Calendar and on the Okanagan College website, as amended, while I am a student at Okanagan College. In the event there is a conflict between verbal advice and Okanagan College's official Calendar, regulations and policies, I will rely on the official version only.

I agree to pay all tuition, fees and charges to Okanagan College within the payment deadlines posted by the College.

Applicant's Signature: _____

Date: _____

CONSENT TO RELEASE INFORMATION

contained in student academic records

In order to comply with privacy legislation and College policy, any student who wishes Okanagan College to release their information to a third party must complete and sign this form or fill in the online form in their myOkanagan account. Note: Many departments have their own release of information forms; for example, Disability Services and Counselling. Please contact them directly for a release form.

Student Profile

Legal Last Name: _____ Legal First Name: _____

OC Student ID: _____ Date of Birth (dd/mm/yy): _____

Add Release (only one person per release)

Name (First and Last): _____ Career Programs SD#22 _____

Relationship to you:

- ☐ Citizenship and Immigration Canada
☐ Friend
☒ School District

- ☐ Employer
☐ Lawyer
☐ Sponsor

- ☐ Family
☐ Parent
☐ Spouse

☐ Other: _____

Note: Select "All" and enter the effective dates to consent all of the items below to be released. Or select specific items and enter the effective dates to consent to the specified items to be released.

Information to release:

☒ All
All information listed below

☐ Name
Current name(s)

☐ Address
Current address(es)

☐ Phone
Current phone number(s)

☐ Email
Current email address(es)

☒ Status of application
Application decision, outstanding items and deadlines

☒ Financial information
Tuition, fees, fines, invoices/statements/receipts and tax receipts, which may include your program, name, address and student ID

☒ Transcript of academic record and confirmation of enrolment
Official or unofficial transcript and related information, including grades, academic standing, and current, past, future registrations. Transcripts may include your name, address, and student ID

☐ Other: _____

Effective Dates (maximum 2 years): From: _____ To: _____

You may rescind or amend this authorization in writing or in your myOkanagan account at any time.

Submit the completed form with an original signature to the Registrar.

Signature: _____ Date: _____





SD22 CAREER PROGRAMS

CONSENT FOR RELEASE OF INFORMATION

Student Name: _____
Last Name First Name Middle Name

I hereby grant permission to Vernon School District No. 22 (Vernon) Career Programs personnel to:

- ☐ Release academic, attendance, and discipline information and/or records to appropriate post-secondary schools and School District No. 22 staff.
- ☐ Discuss pertinent information with representative from appropriate post-secondary schools and School District No. 22 staff on a strictly confidential basis.
- ☐ Release and discuss the current Education Plan (IEP) with the post-secondary institution if applicable.

I understand the Vernon School District 22 Career Programs department will only use this information for application purposes.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

If you would like any further information regarding safety aspects of work sites, please contact your local WorkSafeBC office to speak with your area Safety Officer or call 604-276-3100 (toll free 1-888- 621-7233.)

3.12 Procedure for refusal

(1) A person must not carry out or cause to be carried out any work process or person operate or cause to be operated any tool, appliance or equipment if that has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.

(2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer. immediately report the circumstances of the unsafe condition to his or her supervisor or employer.

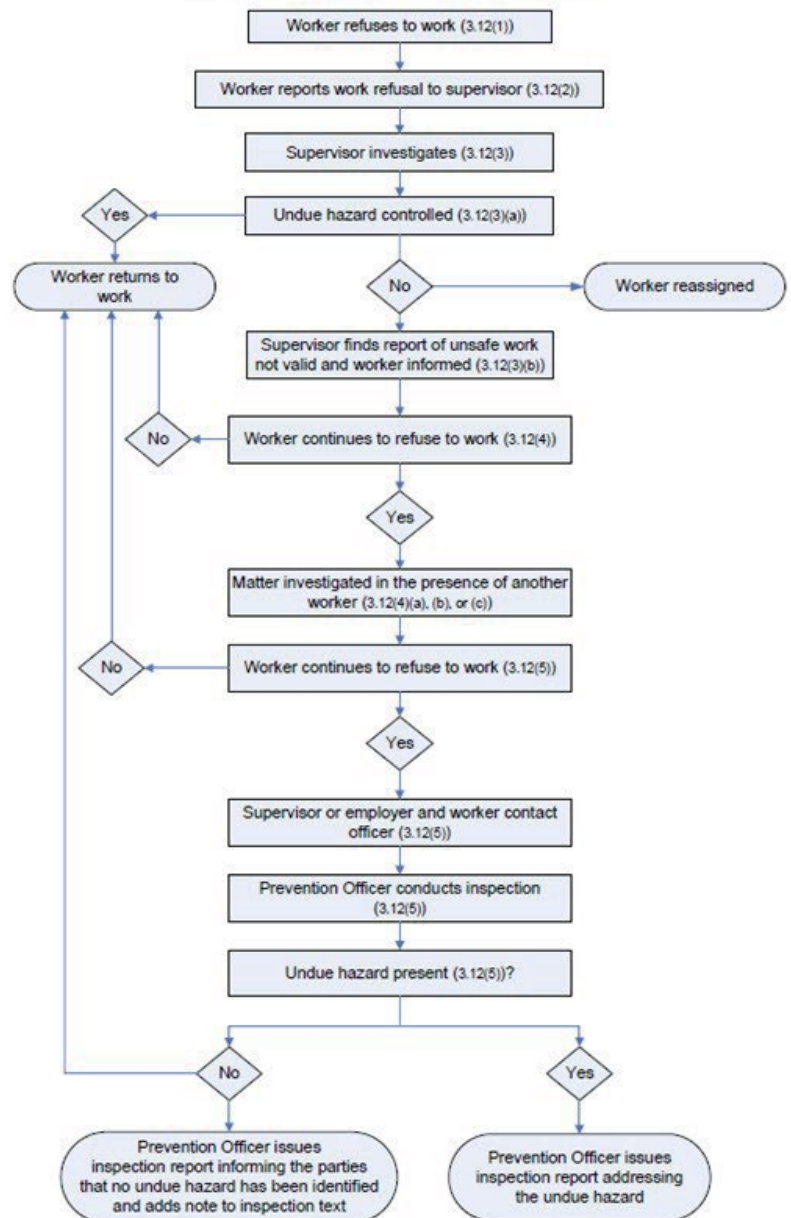
(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and (a) ensure that any unsafe condition is remedied without delay, or (b) if in his or her opinion the report is not valid, must so inform the person who made the report.

(4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of

- (a) a worker member of the joint committee,
- (b) a worker who is selected by a trade union representing the worker, or
- (c) if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.

(5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

Flowchart for Regulation Guideline 3.12



I have reviewed the Refusal of Unsafe Work with my Career Coordinator

Student Name: _____

Student Signature: _____

Date: _____

Career Coordinator
Signature: _____

Date: _____

First Name: _____ Last Name: _____ Grade: _____ School: _____

 Make an appointment with your Career Coordinator to develop a Transition Plan.

1. Courses selected must meet the current graduation requirements. You may need to modify your timeline to achieve this. (Students must graduate when they complete their Dual Credit program.)
2. **Within the 80 Credits you MUST have:** ALL required courses Listed below, 5 Grade 12 courses, 1 Fine Art, Tech OR Applied Skill and 1 Indigenous-focused course (4 credit). (52 credits are required course credits and 28 are elective credits).

GRADE 10	
REQUIRED COURSES	CREDITS
1. English Language Arts 10	4
2. Social Studies 10	4
3. A Math 10	4
4. Science 10	4
5. Physical Education 10	4
6. Career Life Education 10	4
7. Fine Arts, Tech, Applied Skill 10, 11 or 12	4
8.	
9.	
10.	
TOTAL CREDITS FOR GRADE 10:	

GRADE 11	
REQUIRED COURSES	CREDITS
1. A Language Arts 11	4
2. A Social Studies 11 or 12	4
3. A Math 11	4
4. A Science 11 or 12	4
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL CREDITS FOR GRADE 11:	

GRADE 12	
REQUIRED COURSES	CREDITS
1. A Language Arts 12	4
2. CLC & Capstone	4
ELECTIVE CREDITS <i>Must have at least two additional elective grade 12 courses other than English 12 and CLC to graduate. This could include elective grade 12 courses that you took in grade 11</i>	
Grad Requirement of Indigenous-focused course work (4 credit)	
Indigenous Credit	
TOTAL CREDITS FOR GRADE 12:	

TOTAL GRAD CREDITS	
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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: ☐ Man ☐ Woman ☐ Non-Binary ☐ 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? ☐ Yes ☐ No		
*Do you self-identify as an Indigenous person? ☐ Yes ☐ No ☐ 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): ☐ Level 1 ☐ Foundation	TRAIN Intake (MM/YYYY):	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
*Trade Name:			

Completing WorkSafe training is **Mandatory** for all students going in to a Dual Credit Program. If you have not received a WorkSafe Certificate in Planning 10/ CLE 10/CLC 12, then the following **Student WorkSafe 10-12 Independent Learning Guide and accompanying test** is required to be completed.

If you do have a WorkSafe Certificate please make a copy and bring it to your Career Coordinator for your file.

HOW TO GET STARTED

Student Worksafe 10-12
Independent Learning
Guide
SD#22 Version

WORKSAFE BC

1. Download and read the Student WorkSafe 10-12 Independent Learning Guide SD#22 Version:

https://sd22org-my.sharepoint.com/:b:/g/personal/careerprograms_sd22_bc_ca/EQq16yAluKpNnmBSLDyvGFwBzsP1oNo2pUY-ZeTNe24e2w?e=o078Jl



2. Follow the link below to take the test. You must get at least 16/20 - retake the test if necessary. Let your Career Coordinator know when you have successfully completed the test.

TEST Link: <https://forms.gle/PjsnqFDYp25ZSKwt6>





SD22 CAREER PROGRAMS

TEACHER RECOMMENDATION

Thank you for completing the Teacher Statement of Recommendation regarding the student named below. The information on this reference will be used to determine readiness for Career Programs. A quality response to the general comments section is also important.

Student Name: _____

School: _____

Teacher Name: _____

Teacher Email: _____

Course: _____

Teacher Signature: _____

Date Signed: _____

Attendance and Punctuality ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments: _____

Work Ethic ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments: _____

Attitude ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments: _____

Initiative/Motivation ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments: _____

Interpersonal Skills ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Comments: _____

General Comments:
