

INSTRUCTIONS FOR:

Dual Credit Applications

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.

PLEASE READ BEFORE SUBMITTING AN APPLICATION:

All Applications must be typed or written with pen clearly. All sections must be fully completed.

STEPS TO APPLY:

1. Apply Early

- Submit your application early (at least **one year before the program start date**). This gives you the best chance of being admitted and allows time for review.
- Submit your completed application to your **school Career Coordinator** (not directly to the college).

2. Application Review

- **If your application is approved by the Career Programs Department:**
 - You will receive an email at the email address provided on the application with all details and attachments needed to apply as a **Dual Credit Student** to the Post-Secondary Institution through **EducationPlannerBC**. You will then proceed by following the remaining steps below.
- **If your application is NOT approved by the Career Programs Department:**
 - Your school Career Coordinator will notify you as soon as possible.

IMPORTANT: Please note that although your application is approved, spaces are limited and not guaranteed. Students may be put on a waitlist at the post-secondary institution.

3. Apply through EducationPlannerBC

- Follow the instructions sent to your email.
- Apply to the post-secondary institution using **EducationPlannerBC**.
- When finished, email careerprograms@sd22.bc.ca to confirm you applied.

4. Monitor Email

- Check your email **regularly**, including your **junk/spam folder**.
- The post-secondary institution and Career Programs will contact you by email.

5. Acceptance Letter

- After the post-secondary institution approves your application, you'll get a **Letter of Conditional Acceptance** by email from the SD22 Career Programs department. This letter confirms you have been accepted into the program.

If you're unsure about any step, talk to your **Career Coordinator** early—they're there to help you succeed!

Career Coordinator Contacts:

KAL/VSS – Tim Thorpe | 250-549-6921 | tthorpe@sd22.bc.ca

ALTERNATE/SEATON – Melanie Jorgensen | 250-306-6806 | mjorgensen@sd22.bc.ca

CBSS/CROSSROADS/FULTON/VLEARN – Debbie Meyer | 250-540-1714 | dmeyer@sd22.bc.ca

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, Etc.)

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

Post-Secondary Campus: _____
(TRU, OC Vernon, etc.)

Future Planned Occupation/Career: _____

Future Planned Post-Secondary Credential and Institution for Credential: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Application Form | <input type="checkbox"/> Letter of Sponsorship (Student Details Only) |
| <input type="checkbox"/> Job Profile (Parts A, B and C) | <input type="checkbox"/> Student Education Plan (planning version) |
| <input type="checkbox"/> Consent for Release of Confidential Information | <input type="checkbox"/> Teacher Recommendation |
| <input type="checkbox"/> Refusal of Unsafe Work | <input type="checkbox"/> Skilled Trades BC Registration Form
<i>(Train in Trades Applicants Only)</i> |
| <input type="checkbox"/> Post-Secondary Release of Information | <input type="checkbox"/> Work-site Agreement
<i>(Carpentry Applicants Only – See your Career Coordinator for Form)</i> |
| <input type="checkbox"/> WorkSafe Certificate <ul style="list-style-type: none"> • Usually completed in CLE 10. • If you don't have one, complete the module and test as outlined in the application package. | <input type="checkbox"/> Personal Letter in Support of Application <ul style="list-style-type: none"> • Explain why you chose this Dual Credit program, how it relates to your career goals, why you'll succeed, and what skills/experiences support your success. • Include three examples. |
| <input type="checkbox"/> Community Reference Letter (not family) <ul style="list-style-type: none"> • From an adult (not family) such as an employer, coach, or teacher. • Should describe your skills & traits that will help you succeed. | |

Office Additions – OFFICE USE ONLY

- | | |
|--|--|
| <input type="checkbox"/> High School Attendance Record | <input type="checkbox"/> IEP and Case Manager Recommendation (if applicable) |
| <input type="checkbox"/> High School Discipline Record (if applicable) | <input type="checkbox"/> Grad Transition Plan - Signed |
| <input type="checkbox"/> Official High School Transcript | |

Organized by Career Coordinator (if required): Interview with Selection Committee Competency Exam

❖ **In order to successfully complete a Dual Credit Program, the student must be on track to fulfill the Dogwood graduation requirements and pass the post-secondary program/course(s).**

Name: _____
Last Name First Name Middle Name

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

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 _____

First Contact (all correspondence)

Parent/Guardian Name: _____
Last Name First Name

Email address: _____ Phone: _____

Second Contact

Parent Guardian 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?



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.

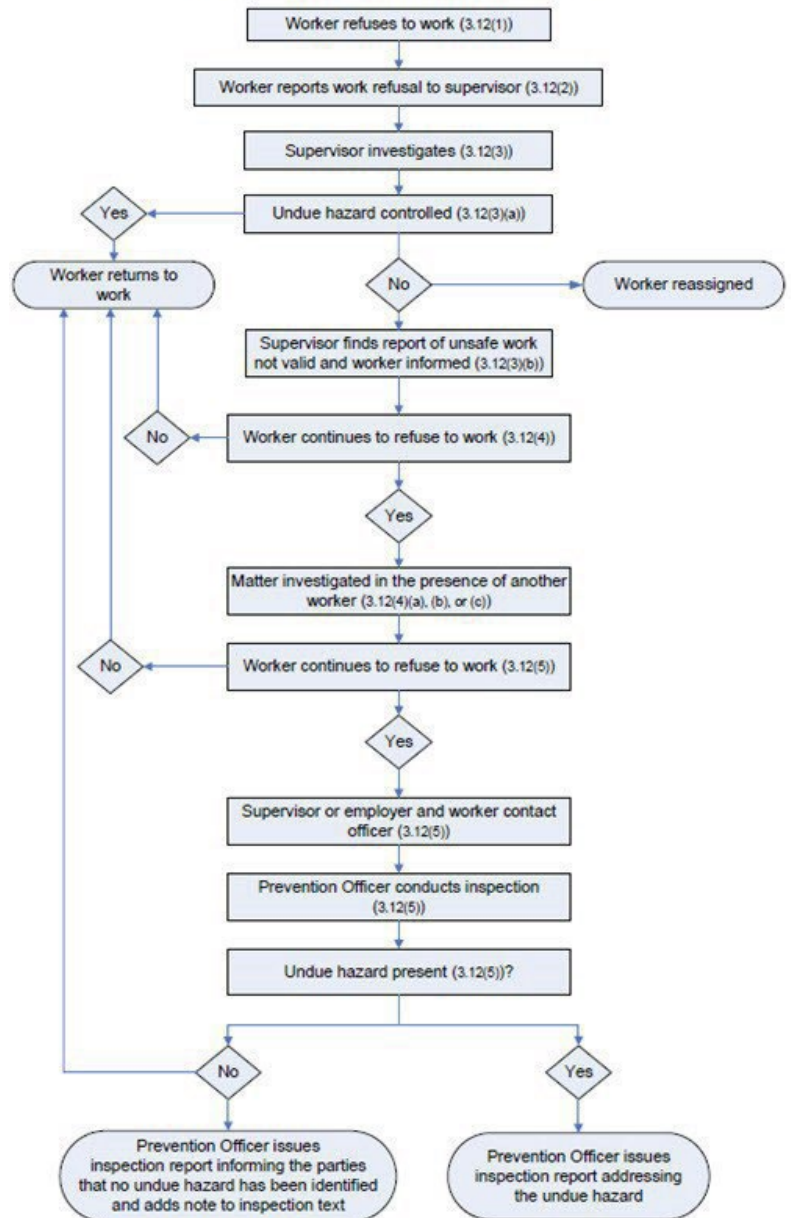
(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and (a) ensure that any unsafe condition is remedied without delay, or (b) if in his or her opinion the report is not valid, must so inform the person who made the report.

(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: _____

CONSENT TO RELEASE INFORMATION FOR DUAL CREDIT STUDENTS

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: _____

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

Add Release to your school authority

Public School District or Independent School Name: _____

Public School District or Independent School Email Address: _____

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:

- | | |
|---|--|
| <input type="checkbox"/> All
<i>All information listed below</i> | <input type="checkbox"/> Status of application
<i>Application decision, outstanding items and deadlines</i> |
| <input type="checkbox"/> Name
<i>Current name(s)</i> | <input type="checkbox"/> Financial information
<i>Tuition, fees, fines, invoices/statements/receipts and tax receipts, which all may include your program, name, address and student ID</i> |
| <input type="checkbox"/> Address
<i>Current address(s)</i> | <input type="checkbox"/> Transcript of academic record and confirmation of enrolment
<i>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</i> |
| <input type="checkbox"/> Phone
<i>Current phone number(s)</i> | <input type="checkbox"/> Other:
_____ |
| <input type="checkbox"/> Email
<i>Current email address(es)</i> | _____ |

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: _____

SPONSORSHIP AND BILLING AUTHORIZATION FORM


STUDENT DETAILS:			
Legal last name:		Legal first name:	
OC Student ID:		Date of birth (dd-mmm-yyyy)	
Student email:		Phone number:	

Office
Use
Only



SPONSORSHIP DETAILS:			
Program of study or courses:			
Dual credit: Are you a School District sponsoring a Dual Credit student?	Yes	No	
Terms covered:	Fall 20____ (Sep – Dec)	Winter 20____ (Jan-Mar)	Spring/Summer 20____ (Apr – Aug)
Dates of study:	From:		To:
Reference for invoicing, if applicable: (e.g. Auth. ID/PO#/File#)			

COSTS COVERED INCLUDE: Refer to <u>tuition and fees</u> on OC website		Maximum approved cost
Tuition and mandatory fees (e.g. OC Development Fee, Ed Tech Fee, Student Union Fees, material fees, etc.)		\$
Tuition ONLY		\$
Mandatory fees ONLY (e.g. OC Development, Ed Tech, Student Union, etc.)		\$
Non-refundable tuition deposit(s)		\$
Health and dental fees		\$
Books and supplies from OC Campus Stores (excluding school merchandise and electronics) (e.g. Uniforms, lab materials or kits, blood pressure kit, stethoscopes, PPE, calculators)		\$
Tool kits		\$
Other (please specify):		\$

SPONSOR DETAILS:			
Organization name:			
OC Customer ID, if known:			
Billing address:			
City:		Province:	Postal Code:
Authorized approver (printed name):			
Authorized signature:			
Job title:			
Email address:			
Phone number:			
Alternate contact – name/title:			
Alternate contact – email address:			
Alternate contact – phone number:			
Requested billing method:			
By email to:			
By mail to the attention of:			

By signing this form, the sponsor acknowledges the agreement to be invoiced for any costs incurred by the student as outlined above, and confirms that the student has initiated a school-based application and has been approved by the school authority. A statement will be issued to the sponsor at the end of each month for any applicable charges, with payment due within 30 days of the statement date. Please provide a copy of this completed form to the sponsored student.

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	<input type="text"/>
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: <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:			

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



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/IQBm3gaA2gUXQYpoDTFy90B0AR_wLc1GoYcGxuXyXwPigyE?e=Mk9AxV



- 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: _____

POOR TO EXCELLENT

Attendance and Punctuality 1 2 3 4 5

Comment: _____

Work Ethic 1 2 3 4 5

Comment: _____

Attitude 1 2 3 4 5

Comment: _____

Initiative/Motivation 1 2 3 4 5

Comment: _____

Interpersonal Skills 1 2 3 4 5

Comment: _____

General Comments:
