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

SD22 CAREER PROGRAMS

DUAL CREDIT
STUDENT APPLICATION PACKAGE CHECKLIST

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

Planned Occupation/Career: _____

Planned Post-Secondary Credential: _____

Planned Post-Secondary Institution for above Credential: _____

Student Provided Additions:

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

Organized by your Career Coordinator (if required):

- ☐ Interview with Selection Committee
- ☐ Competency Exam (TEA/Accuplacer)

Office Additions – OFFICE USE ONLY

- ☐ High School Attendance Record
- ☐ High School Discipline Record (if applicable)
- ☐ Official High School Transcript
- ☐ IEP and Case Manager Recommendation (if applicable)
- ☐ 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
If yes: ☐ Status ☐ Non-Status ☐ Inuit ☐ Metis

Canadian Citizen: ☐ Yes ☐ No

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 adaptions, 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? _____

_____

_____

_____

_____

_____

_____

SD22 CAREER PROGRAMS

JOB PROFILE INTERVIEW (PART B)

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: _____

SD22 CAREER PROGRAMS

JOB PROFILE REFLECTIONS (PART C)

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?

_____

_____

_____

Consent to Release Personal Information Form (Third Party)

THOMPSON RIVERS UNIVERSITY

Enrolment Services
805 TRU Way
Kamloops, BC, Canada V2C 0C8
tru.ca

Campus students: records@tru.ca
Open Learning students: student@tru.ca

STUDENT PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)

FIRST NAME (legal) FULL MIDDLE NAME(S) (legal)

TRU STUDENT NUMBER

DATE OF BIRTH (yyyy/mm/dd)

3rd PARTY PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal), FIRST NAME or AGENCY
(parent name)

PHONE

ADDRESS

EMAIL (optional)

PART I - STUDENT INFORMATION

I authorize (print name of person/agency here) School District 22 - Vernon
access to the following information:

- ☐ Academic status
- ☐ Convocation information
- ☐ Enrolment status information
- ☐ Grades
- ☐ Registration information (including current registration status)
- ☐ Special needs documentation/Disability accommodations
- ☐ Other (specify) _____

PART II - FINANCIAL INFORMATION

I authorize (print name of person/agency here) School District 22 - Vernon
access to the following information:

- ☐ Student account balance
- ☐ Student awards
- ☐ Student loan information
- ☐ Tuition and fees assessment
- ☐ Other (specify) _____

PART III - STUDENT TRANSACTIONS

I authorize (print name of person/agency here) School District 22 - Vernon
to carry out the following transactions on my behalf:

- ☐ Add/drop courses
- ☐ Pay fees
- ☐ Order transcripts, confirmation of enrolment letters, signed scholarship/RESP forms
- ☐ Other (specify) _____

PART IV - DURATION

This waiver will be valid for the following period:

From: Date (yyyy/mm/dd)_____

To: Date (yyyy/mm/dd) _____

IMPORTANT!

Access to online fee payment and registration services is controlled through each student's T-ID and password. It is the responsibility of each student to control access to their password. Under no circumstances will a student's password be released to a third party, even in cases where this consent has been signed.

PART V - SIGNATURE

Student records are confidential and are not changeable without the written consent of the student, unless otherwise required by law. Your signature indicates that you are requesting your records be revised and that information contained herein is accurate to the best of your knowledge. TRU considers a falsified consent form as fraud.

STUDENT SIGNATURE

DATE (yyyy/mm/dd)

OFFICE USE ONLY

DATE (yyyy/mm/dd)

RECEIVED BY

DATE ENTERED (yyyy/mm/dd)

Privacy Notification

Thompson Rivers University (TRU) collects, uses, discloses and retains personal information in compliance with the BC Freedom of Information and Protection of Privacy Act (the FIPPA). Your personal information is being collected on this form under Section 26(c) of the FIPPA for the purpose(s) of obtaining your consent to release your personal information to the identified third party(ies) as required under Section 33.1(b).

Questions about this privacy notice can be directed to the Privacy Officer at **privacy@tru.ca,** or by calling 250-828-5012, or by post to:

TRU Privacy Office, 805 TRU Way. Kamloops, BC V2C OC8.

This form will be kept on file in compliance with TRU's Records Retention Policy.

Finance Department
805 TRU Way
Kamloops, BC V2C 0C8
Phone 250-371-5646 Fax 250-371-5601

THOMPSON RIVERS UNIVERSITY

TUITION SPONSORSHIP APPLICATION FORM

TRU will not invoice your sponsor directly. Sponsored students are responsible for the outstanding balance on their student account at all times. Students must communicate details of charges to their sponsor and arrange for payment of tuition and fees. Students may obtain account information through their myTRU student portal.

A. SPONSOR DETAILS

Name: School District No. 22 Vernon
Address: 1401 15 Street
City: Vernon
Telephone: 250-545-1348 ext 423
Postal Code: V1T 8S8
Fax:
Primary contact name: Corinne McWhinney
Primary contact email: careerprograms@sd22.bc.ca

B. STUDENT DETAILS

Last name: _____ First Name: _____ Middle Initial: _____
Student Number: _____ Date of birth: _____
Student email: _____

C. DETAILS OF COVERAGE

Program _____

Courses _____

Dates **For the period of time:** _____ **to** _____

MMM-DD-YY (e.g. SEP-01-19) *MMM-DD-YY (e.g. DEC-31-19)*

Costs covered include:

Application Fees	$ Student Responsible	**Health and Dental**	$ Student Responsible
Tuition	$ Sd22 Covered	**Books**	$ Student Responsible
Mandatory Fees	$ Student Responsible	**Supplies**	$ Student Responsible
Student Union Fees	$ Student Responsible	**Total Amount Sponsored**	$ Tuition Amount

D. SPONSOR'S APPROVAL

Sponsor's name and title (print): School District No. 22

Sponsor's signature: C McWhinney

By signing this form, sponsor is acknowledging that they have read the Sponsor's Obligations and Responsibilities and the sponsor agrees to comply with the terms of the agreement.

E. SPONSORED STUDENT WAIVER

By signing this form, student is acknowledging that they have read the Sponsored Student's Obligations and Responsibilities and the student agrees to comply with the terms of the agreement. As part of the terms, student is aware they will be financially responsible for any interest and penalties that may be incurred on overdue accounts.

By signing, student is also authorizing TRU to release any information regarding attendance, progress and grades, upon request, to the above named sponsor.

Student's 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: _____

SD22 CAREER PROGRAMS

REFUSAL OF UNSAFE WORK

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.

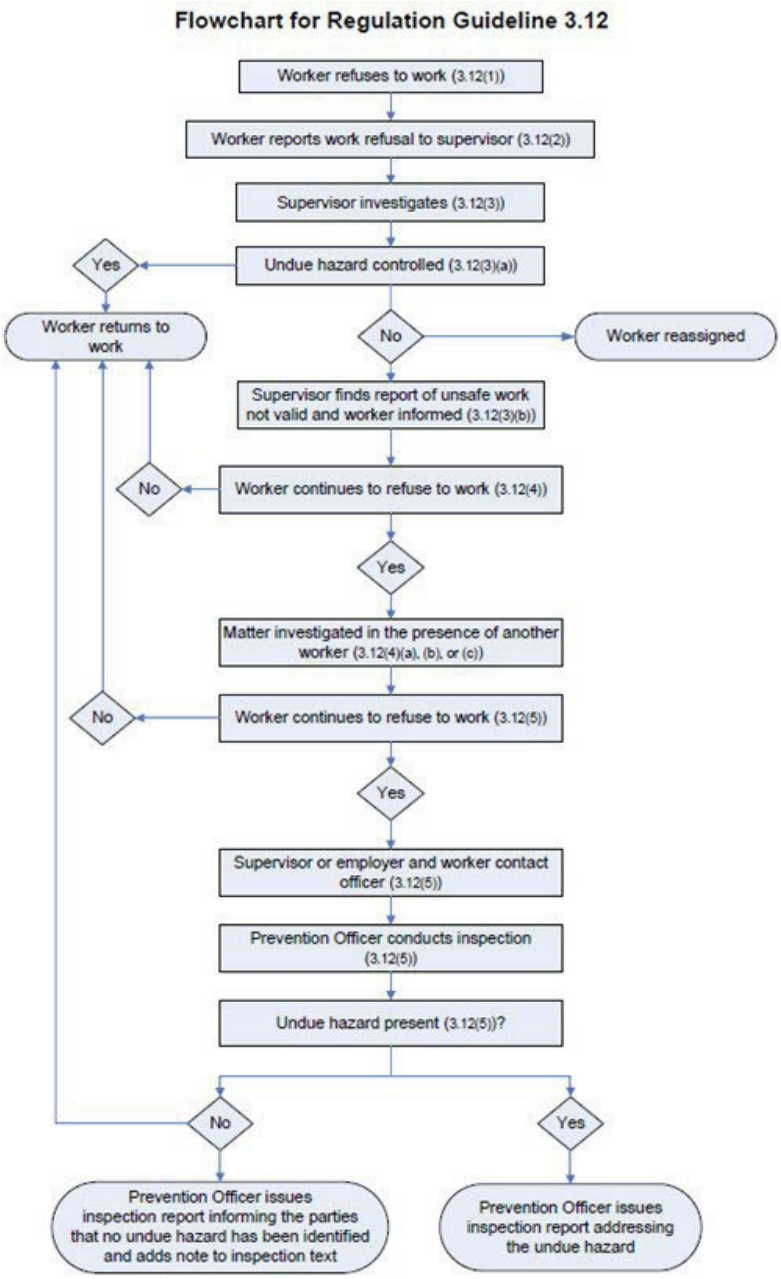
(4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence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



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

Student Name: _____

Student Signature: _____ Date: _____

Career Coordinator Signature: _____ Date: _____

SD22 CAREER PROGRAMS

EDUCATION PLAN (PLANNING PURPOSES ONLY)

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 *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*	
Grad Requirement of Indigenous-focused course work (4 credit) **Indigenous Credit** ☐	
TOTAL CREDITS FOR GRADE 12:	

TOTAL GRAD CREDITS	

SKILLEDTRADES BC

SkilledTradesBC Customer Service
800 - 8100 Granville Ave.
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Toll Free: 1-866-660-6011

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: School District No. 22 Vernon
*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:

1. I am the ☐ custodial parent ☐ legal guardian of the minor named above; and,

2. 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.

3. 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:			

SkilledTradesBC is an agency of the Government of British Columbia.

March 2022

www.skilledtradesbc.ca

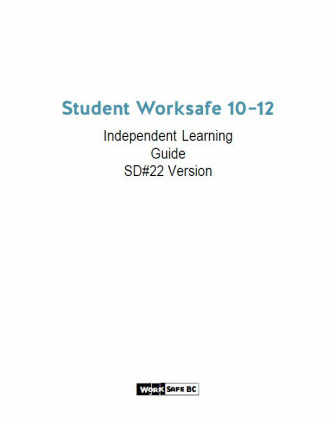
SD22 CAREER PROGRAMS

STUDENT WORKSAFE 10-12 INDEPENDENT LEARNING GUIDE

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



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: _____

	POOR		TO		EXCELLENT
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:

_____

_____

_____