

INSTRUCTIONS FOR:

Gateway Applications



Congratulations for 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 GATEWAY?

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

STEPS FOR SUBMITTING AN APPLICATION

- Complete the School District #22 Career Programs application package. The application package is available by contacting your Career Coordinator.
- Complete your application before the program deadline 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 interview with a member of the Career Programs team prior to being accepted into the program.
- In addition, your attendance, behavior record, and transcript will also be reviewed.
- If a candidate is successful they will receive a letter of sponsorship and their application to the college will be sent in by the Career Department staff.
- Information will be sent to the student from the post-secondary institute with information regarding any fees, start of class information as well as any correspondence from the college.

ADDITIONAL ITEMS THAT NEED TO BE SUBMITTED WITH YOUR APPLICATION

Teacher Recommendation

Ask one teacher/counselor to complete the Teacher Recommendation form and submit it to your Career Coordinator. The necessary form is included in the application package.

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/ALP/Open Door
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



Career Programs

School District No. 22 (Vernon)

Gateway

Student Application Package Checklist

Date: _____

Name: _____ Grade: _____ High School: _____

Program Name: _____ Program Dates: _____ Institute/Campus: _____

Gateway to Technology

IT User Support (Micro-Credential)

Trade Sampler

Students have completed these items in this package:

Student Information - Parent Consent

Post-Secondary Information Release

Consent for Student Participation During Covid-19

Post-Secondary Application Student

Consent for Release of Confidential Information

Education Plan (planning version)

Personal Paragraph

Refusal of Unsafe Work

Teacher Recommendation

Student provided additions:

WorkSafe Certificate

Organized by your Career Coordinator:

Interview with Selection Committee (if required)

Office Additions – OFFICE USE ONLY

High School Attendance Record

IEP (if applicable)

High School Discipline Record

Recommendation by Case Manager if on an IEP

Official High School Transcript

Signed Full Transition Plan

In order to successfully complete the Program, the student must:

- ❖ Fulfill the Dogwood graduation requirements
- ❖ Pass the post-secondary program courses



Career Programs

School District No. 22 (Vernon)
Student Information – Parent Consent



Please **PRINT** your responses neatly

Date of application: _____

Name of Program: _____ Program Dates: _____ Institute/Campus: _____

STUDENT Information

Legal First Name: _____ Middle Name: _____ Legal Last Name: _____

Current High School: _____ PEN: _____ Current Grade: _____

Birthdate: Year _____ Month _____ Day _____ Indigenous: Yes No

Mailing Address: _____ Postal Code: _____

E-Mail Address: _____ Cell Number: _____

ON AN IEP: YES NO If Yes, Case Manager's Name _____

** additional supporting information is required from the Case Manager, see below*

PARENT/GUARDIAN Information

Parent/Guardian One:

Last Name: _____ First: _____

E-Mail Address: _____ Phone Number: _____

Parent/Guardian Two (if applicable):

Last Name: _____ First: _____

E-Mail Address: _____ Phone Number: _____

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

Students and parents must also be 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 once the withdrawal refund deadline has passed (usually a couple of weeks into the program – see [Fees \(okanagan.bc.ca\)](https://www.okanagan.bc.ca/fees) for more details).

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

* 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 is attached to the application

☐

Special Ed. Designation _____



Career Programs

School District No. 22 (Vernon)

Dual Credit Parent/Guardian Consent for Student Participation During Covid-19

Dear parent/guardian of a Dual Credit student,

Please confirm that you consent to your child participating in a Dual Credit program at a post-secondary institution during the Covid-19 pandemic. Your child needs to ensure that they are aware of and practice the safety protocols associated with the Communicable Disease Plan in their place of school and worksite/practicum placement (if applicable). You also need to be aware that the program delivery format may change to meet the needs of the Institution's Communicable Disease Response. An example would be an increase in the virtual/online delivery of the course content.

We encourage parents/guardians to review the information for students related to WorkSafeBC COVID-19 expectations for employers preparing for return to safe operations during COVID- 19 in the various provincial phases: [WorkSafeBC COVID Site](#)

Please visit [SD22 Webpage](#) under COVID drop down for our updated Communicable Disease Plan.

Name of Student (first, last)

Name of Parent/Legal Guardian (printed)

Student's School

Student's Career Coordinator

Student's Post-Sec. Institution

Yes, I consent to having my child participate in the Dual Credit program during the COVID-19 pandemic and I agree to immediately notify my child's Career Coordinator if I no longer consent to having my child participate in the program during the COVID-19 pandemic.

Parent/Guardian Signature _____ Date Signed (month/day/year) _____

OR

No, I do not consent to having my child participate in the Dual Credit program during the COVID-19 pandemic OR I have revoked previous permission granted.

Parent/Guardian Signature _____ Date Signed (month/day/year) _____



Career Programs

School District No. 22 (Vernon)

Consent for Release of Confidential Information

First Name: _____ Middle Name: _____ Last Name: _____

High School: _____ PEN No.: _____ Grade: _____ Date of Birth: _____

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.

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: _____

[illegible]



Career Programs

School District No. 22 (Vernon)

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: _____

	1	POOR	2	TO	3	4	EXCELLENT	5
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: _____



[] **Non-refundable** \$30 fee paid.

[] Not applicable

DATE/TIME:

INITIALS:

<u>Program Name</u> (ONE ONLY PLEASE)	<u>Term</u>
	☐ Fall (September)
	☐ Winter (January)
	☐ Summer Session I (May)
	☐ Summer Session II (July)
	☐ Other: _____ (e.g. Nov, Mar)
<u>Campus</u>	<u>Term</u>
☐ Salmon Arm	☐ Fall (September)
☐ Vernon	☐ Winter (January)
☐ Distance	☐ Summer Session I (May)
☐ Kelowna	☐ Summer Session II (July)
☐ Penticton	☐ Other: _____ (e.g. Nov, Mar)
☐ Revelstoke	

Legal Last or Family Name	First Name	Middle Name(s)
Preferred First Name	Previous (Maiden) Name (if applicable)	Okanagan College ID (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 students myOkanagan account.)		
Emergency Contact Telephone - Primary	Emergency Contact Telephone - Alternate	



High School Education

If you attended a B.C. high school since 1993, Personal Education Number (PEN) _____ / _____ / _____ (if known)

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

Arrange to have sealed official transcripts (unopened) issued within the last six months sent to Okanagan College as soon as possible.

Post-Secondary Education

Province (Country if outside of Canada)	University, College or Technical School	From Year/Month	To Year/Month	Currently Attending	Degree/ Diploma Awarded

List additional post-secondary institutions on a separate sheet.

Arrange to have sealed official transcripts (issued within the last six months) sent to Okanagan College as soon as possible. If requesting transfer credit a \$50 transcript evaluation fee must be submitted with out-of-province post-secondary transcripts. \$150 for International transcripts.

See www.okanagan.bc.ca/transfercredit for more information

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 of Application: _____

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 | ☐ Employer | ☐ Family |
| ☐ Friend | ☐ Lawyer | ☐ Parent |
| ☒ School District | ☐ Sponsor | ☐ 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 | ☐ Status of application
Application decision, outstanding items and deadlines |
| ☐ Name
Current name(s) | ☐ Financial information
Tuition, fees, fines, invoices/statements/receipts and tax receipts, which all may include your program, name, address and student ID |
| ☐ Address
Current address(s) | ☐ 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 |
| ☐ Phone
Current phone number(s) | ☐ Other: _____ |
| ☐ Email
Current email address(es) | _____ |

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: _____



Student Education Plan



First Name:

Last Name:

Grade:

School:

Within the 80 Credits you MUST have: ALL required Courses Listed below, 5 Grade 12 courses, 1 Fine Art, Tech OR Applied Skill
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.	4
9.	4
10.	4
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.	4
6.	4
7.	4
8.	4
9.	4
10.	4
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>	
3. Grade 12:	4
4. Grade 12:	4
5.	4
6.	4
7.	4
8.	4
9.	4
TOTAL CREDITS FOR GRADE 12:	

TOTAL GRAD CREDITS

FOR INITIAL PLANNING PURPOSES ONLY - You Career Coordinator will complete an official transition plan that will have signatures on it to add to your file.



Career Programs

School District No. 22 (Vernon)

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.

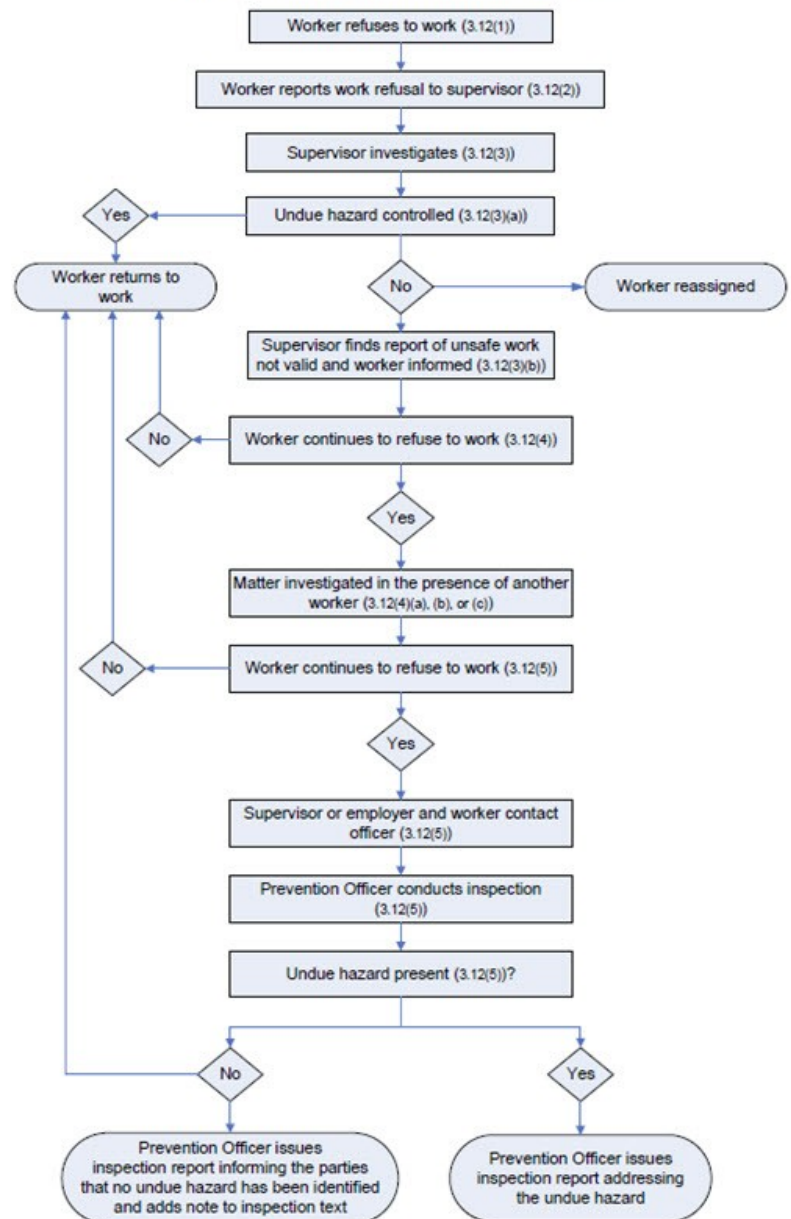
(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and (a) ensure that any unsafe condition is remedied without delay, or (b) if in his or her opinion the report is not valid, must so inform the person who made the report.

(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 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: _____

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

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

WORKSAFE BC

1. Download the Student WorkSafe 10-12 Independent Learning Guide SD#22 Version:
https://sd22org-my.sharepoint.com/:b:/g/personal/careerprograms_sd22_bc_ca/EWbeBoDaBRdBimgNMXL3QHQBH_AtzUahhwbG5fJfA-KDIQ?e=mL12O8
2. Read and complete all activities within the Learning Guide.
3. Once you have completed Steps 1 and 2 there is a 20 question multiple choice test that you will need to take. ***YOU MUST BE SIGNED IN TO YOUR SD22LEARNS ACCOUNT.***
4. 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. You can also get a paper copy of the test from your Career Coordinator.
TEST Link: <https://forms.gle/PjsnqFDYp25ZSKwt6>