

INSTRUCTIONS FOR: **SAMPLER 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.

PLEASE READ BEFORE SUBMITTING AN APPLICATION:

All Applications must be typed or written with pen clearly. Pencil Applications will not be accepted.

1. Complete Your Application Early

- Submit your application as soon as possible— (at least **one year before the program start date**). This gives you the best chance of being admitted and allows time for review.

2. Additional Items for the Application Package

- 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.

3. Submit Your Application Package

- Give the completed application to your **Career Coordinator**.

4. Notification of your Application Status

- The Careers Program department will notify the student as well as the parent/guardian via email with either a conditional acceptance, waitlist or rejection of application prior to program start.

5. Monitor Email

- Monitor the email address you provided in your Sampler application. Make sure to check your junk/spam folder as well. The Post-Secondary Institution will send correspondence about the program to the provided email address.

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



SD22 CAREER PROGRAMS
SAMPLER PROGRAM
STUDENT APPLICATION PACKAGE CHECKLIST



Last Name: _____ First Name: _____

School: _____ Current Grade: _____ Grad Year: _____

Which program are you applying for:

Engineering Sampler

Health Sampler

Technology Sampler

Trades Sampler

Sep - Jan

Feb - May

Preference for Female Trade Sampler

(Please note we may not be able to accommodate date preference)

Post-Secondary Campus: _____

Start Date: _____

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

Personal Paragraph

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

Field Trip Form

(Trade Sampler Applicants Only)

Student Provided Additions:

WorkSafe Certificate

Organized by your Career Coordinator (if required):

Interview with Selection Committee

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



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 _____

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.

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:

- | | | |
|--|--------------------------------|------------------------------|
| <input type="radio"/> Citizenship and Immigration Canada | <input type="radio"/> Employer | <input type="radio"/> Family |
| <input type="radio"/> Friend | <input type="radio"/> Lawyer | <input type="radio"/> Parent |
| <input checked="" type="radio"/> School District | <input type="radio"/> Sponsor | <input type="radio"/> 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:

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





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.

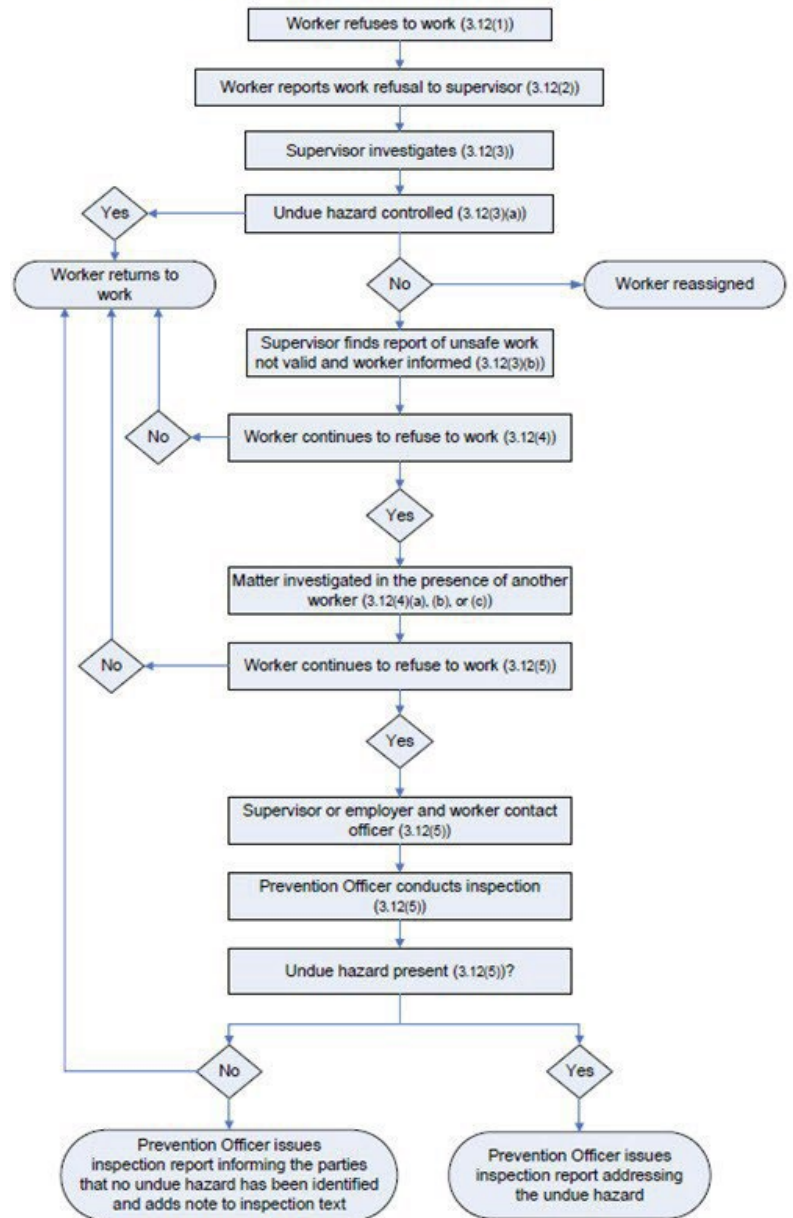
(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and (a) ensure that any unsafe condition is remedied without delay, or (b) if in his or her opinion the report is not valid, must so inform the person who made the report.

(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: _____



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	
<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 style="width: 30px; height: 20px;" type="text"/>
TOTAL CREDITS FOR GRADE 12:	

TOTAL GRAD CREDITS	
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YOUTH EXPLORE PROGRAM STREAM REGISTRATION FORM

Please complete and return this form to your district career coordinator. All mandatory fields must be completed.

*Mandatory Fields

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 identify yourself as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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.

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/INDEPENDENT BOARD AUTHORITY)

Program Type (Select one): Youth Explore Trades Skills <input type="checkbox"/> Youth Explore Trades Sampler <input checked="" type="checkbox"/>	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
Partnering Training Provider for Youth Explore Trades Sampler: Okanagan College		



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 POOR 2 TO 3 EXCELLENT 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:

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>





PARENT/CAREGIVER FIELD TRIP CONSENT FORM
LEVELS 1&2

Please return by: _____
Name of student: _____
Name of School: _____
Grade/Class: _____

FIELD TRIP INFORMATION

Level One or Two (including specified local higher level of concern activities as described below)

Participation on a team sport

For Level One or Two Field trips: Low risk excursions that happen throughout the school year within the boundaries of SD22. Only one consent form will be needed at the start of the school year to cover all Level One or Two trips throughout the year. Parents will be informed regarding time and destination the day before the excursion. Most of these trips will be low risk, however, excursions that happen typically throughout the year to known venues may have a higher level of concern. These will include but are not limited to skiing, tubing at Silver Star, snowshoeing or cross country skiing at Sovereign Lake, swimming at city swimming pools or skating at a local indoor arena. This form will also be used for **participation on a school sport**. Please fill out this form at the start of the season. A schedule of anticipated tournaments will be provided. These may or may not be within the SD22 catchment. They may or may not include overnight tournaments.

I understand that if my child does not attend the trip, alternate educational activities will be provided. By signing this agreement, I hereby give my consent to allow my child to participate in this school trip.

I understand this activity may have a cost. I will be informed of this in advance of the excursion.

If you have any concerns around the cost of this trip, refer to the school district's [Policy 2.24.0 Financial Hardship](#).

Please list below any **new** allergies or ailments¹ your child is subject to and precautions to be taken:

¹ The school will have records of pre-existing allergies or ailments that you have already submitted.

Please list additional emergency contacts in the event that a family member cannot be reached:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

By signing this I agree to the following:

I am aware and understand that participation in field trips may involve inherent risks, dangers and hazards. I am aware that certain additional dangers and risks exist, including, but not limited to, injury, damage to personal property, varying weather, encounters with wildlife, falls, exposure to the elements, amongst other unforeseeable events. I agree the activities described in this form are suitable for my child.

I understand this activity may have a cost. I will be informed of this in advance of the excursion.

Both my child and I understand that the SD22 code of conduct applies on all field trips. The use of alcohol or drugs and/or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours may be sent home at their family's expense.

I understand that this form will cover all Level 1 or 2 school excursions as explained above, and that if I do not want my child to participate, I may request that they not attend the excursion.

Parent/Caregiver signature

Date

By signing this form you agree to all low risk activities (level 1 and 2) as well as some higher concern activities that typically happen throughout the year. Some of these higher concern activities will have waivers from the venue (skiing, snowshoeing) so you will be asked to provide consent for those activities through those forms. This form provides your consent for the school to take your child to these venues. Please see the following page for the known potential risks for these higher care excursions.