

Career Programs – Contact Log

Student Name: _____

Program: _____

Date	Notes



Youth Work in Trades Checklist

Application Checklist

Student Name: _____

- Must be 14 years of age
- Submit a resume
- Signed YWT application Requirements Form
- Signed Career Programs Registration form
- Signed "Skilled Trades BC Youth Apprentice and Sponsor Form"

Items to be completed before starting work

- Letter of Intent to Complete Summer Work
- Signed Right to Refuse unsafe work document
- Safety Assignment #1 Workplace Safety
- Safety Assignment #2 Workplace Bullying & Harassment
- Safety Assignment #3 Occupational First Aid
- Safety Assignment #4 Young or New Worker Orientation and Training (Optional)
- Signed Training Plan
- WCB Clearance Letter
- Signed Site Safety Checklist
- Signed Career Programs Transition Plan
- Record of Student Skilled Trades BC Registration Number

To be completed during your Apprenticeship Placement

- Work based hours Training Log (updated with your teacher, after each pay period)
- Copy of pay stub(s) for the entire required 120 hrs per course
- Work-based training hours - Skilled Trades BC form
- Student work term report (turned in by the end of each term)
 - Term 1 Term 2 Term 3 Term 4
- Employer Feedback (turned in by the end of each term)
 - Term 1 Term 2 Term 3 Term 4
- Monitor Report (completed by your teacher and reviewed each term)
 - Term 1 Term 2 Term 3 Term 4
- Work Based hours report (ITA Form completed each term)
 - Term 1 Term 2 Term 3 Term 4
- Student Reflection (turned in after completing 120 hours)

\$1,000 ITA Award Requirements

- 900 Hours reported to ITA prior to August 31st of school year student turns 19
- 4 YWT classes completed by June 31st of school year student turns 19
- C+ Average in Grade 12 courses (including WEX 12 & YWT 12 courses)
- Youth Work in Trades \$1,000 Cash Award Application form



Youth Work in Trades Application Requirements

Employment/Educational Opportunities

In B.C. we have well over 100 apprenticeship programs offering career opportunities in a wide variety of trades. These occupations require specialized skills that are largely taught on the job. Learning a trade involves working with your hands as well as you head. Trades people are in demand, and skilled trades people are compensated well.

The Fraser Cascade School District Apprenticeship program is a partnership between the School District, Employers and SkilledTradesBC, a provincial crown agency responsible for overseeing the education and certification and of trades people. This partnership offers students the opportunity to become an apprentice while in High school.

Requirements For Program Admission

To qualify students must be 14 years of age or older, attending High school and working in an apprenticeable trade. Students must also complete a program application package prior to enrollment in this program. Accepted students will be registered with SkilledTradesBC as Youth Apprentices in their chosen trade. Students in this program can use part time, weekend and summer work to count towards the necessary hours required. For every 120 hours worked, students will receive credit for one course, up to a total of 4 courses/16 credits.

\$1000 Award

Students who complete 900 hours of work and 4 courses of Youth Work in Trades, are eligible for a \$1,000 award. Students must maintain a C+, or better, average in their graduation year to receive this award.

Courses to be taken at High School:

Course	Credits	Grade	Requirements
<input type="checkbox"/> YWT 11A	4	Grade 10,11 or 12 school year	120 hours of work
<input type="checkbox"/> YWT 11B	4	Grade 10,11 or 12 school year	120 hours of work
<input type="checkbox"/> YWT 12A	4	Grade 10,11 or 12 school year	120 hours of work
<input type="checkbox"/> YWT 12B	4	Grade 10,11 or 12 school year	120 hours of work

Student Agreement: By signing below, both student and parent acknowledge an awareness of program requirements as outlined above.

Student Name: _____ Student Signature: _____

I give my son/daughter permission to participate in the Fraser Cascade School District Apprenticeship Program.

Parent Signature (If student is under 19): _____



Career Programs Registration Form

Program Registration Details

<input type="checkbox"/> Work Experience (WEX) <input type="checkbox"/> 12A <input type="checkbox"/> 12B Job Title _____	<input type="checkbox"/> Youth Work in Trades (YWT) <input type="checkbox"/> 11A <input type="checkbox"/> 12A <input type="checkbox"/> 11B <input type="checkbox"/> 12B Trade Name _____						
<input type="checkbox"/> Youth Train in Trades (YTT) <p style="text-align: center;">Postsecondary Institution</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> University of the Fraser Valley</td> <td style="width: 50%;"><input type="checkbox"/> British Columbia Institute of Technology</td> </tr> <tr> <td><input type="checkbox"/> Thompson Rivers University</td> <td><input type="checkbox"/> Kwantlen Polytechnic University</td> </tr> <tr> <td><input type="checkbox"/> Northern Lights College</td> <td><input type="checkbox"/> Riverside College</td> </tr> </table> Program Name _____ <p style="text-align: center;">*Youth Train in Trades students must also complete an application specific to the Postsecondary provider</p>		<input type="checkbox"/> University of the Fraser Valley	<input type="checkbox"/> British Columbia Institute of Technology	<input type="checkbox"/> Thompson Rivers University	<input type="checkbox"/> Kwantlen Polytechnic University	<input type="checkbox"/> Northern Lights College	<input type="checkbox"/> Riverside College
<input type="checkbox"/> University of the Fraser Valley	<input type="checkbox"/> British Columbia Institute of Technology						
<input type="checkbox"/> Thompson Rivers University	<input type="checkbox"/> Kwantlen Polytechnic University						
<input type="checkbox"/> Northern Lights College	<input type="checkbox"/> Riverside College						

I, _____ do hereby declare that I will:

- Adhere to School District 78 Code of Conduct
- Adhere to my School Code of Conduct
- Adhere to Postsecondary Institutions Code of Conduct (YTT)
- I will maintain regular attendance in all courses.

I am aware that this is a challenging opportunity as I take on coursework above and beyond my regular courses and/or a program designed with graduate students in mind.

 Student Signature

 Parent/Guardian Signature

 Date

 Date

Career Programs Registration Form

Student Information

Legal Last Name: _____	Legal First Name: _____
Usual Last Name: _____	Preferred First Name: _____
Legal Middle Name(s): _____	
Birth Date (DD/MM/YYYY): ___/___/_____	S.I.N.#: _____
Home Phone: _____	Cell Phone: _____
Student email (please print clearly): _____	
High School: _____	Grade: _____

Student Address

Street Address: _____		
Apt No: _____	PO Box #: _____	Postal Code: _____
City: _____	Province: _____	

Medical Information

Allergies / Conditions: _____
Life Threatening Conditions / Medications: _____
Life Threatening Incident Precautions / Treatments: _____

Immigration / Citizenship Status: Canadian Citizen International Student

Career Programs Registration Form

Parent/Guardian Information

First Contact

Relationship to Student: _____	
Last Name: _____	First Name: _____
Address (if different than student): _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____

Second Contact

Relationship to Student: _____	
Last Name: _____	First Name: _____
Address (if different than student): _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____

STUDENT INFORMATION RELEASE

In accordance with the Freedom of Information and Protections of Privacy Act, SD78 requires consent to use personal information for purposes unrelated to educational programs.

Please sign for each item below, if you authorize disclosure as described.

I consent to my child's name, photograph and comments being published in the school yearbook, school newsletters or brochures, school videos or in a district annual report, calendar or website.

Parent/Guardian Signature _____

I consent to the publication of my child's name, photograph and comments in the news media for purposes related to SD78 Careers Programs.

Parent/Guardian Signature _____

YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

Please complete the relevant portions of this form and print clearly. Return completed and signed registration form to the school district/board authority contact. Provide both the student and the sponsor signed copies of the registration form and file the original in the student's permanent records for audit purposes.

*** Bold Fields are Mandatory**

A. APPRENTICE INFORMATION

Please indicate if this is a <input type="checkbox"/> New Registration <input type="checkbox"/> Update of a previous Registration		SkilledTradesBC Individual ID #: (leave blank for new registration)
*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	PEN:
Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Phone Number: ()	Secondary Phone Number: ()	*Email Address:
Do you agree to receiving text message (SMS) notifications to you primary phone number?		<input type="checkbox"/> Yes <input type="checkbox"/> No
*High School Graduation Date (MM/DD/YYYY):	*Name of School:	*Have you participated in a Youth Discover the Trades event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*All communication from SkilledTradesBC will be sent to the e-mail address provided.

B. SPONSOR/EMPLOYER INFORMATION

*Name of Sponsor Organization:	SkilledTradesBC Sponsor ID # (if already registered):	*Supervising Tradesperson Contact Name (First & Last):
*Contact Person:		*Certificate # or Sign-Off Authority #:
Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
Phone Number and Extension: ()		*E-mail:

YOUTH WORK IN TRADES

*Trade Name:	School District/Independent School Authority:
---------------------	---

YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

Apprentice Responsibilities, Declaration, Authorization And Consent

(If you do not sign and date this section, your application cannot be accepted and will be returned to you.)

C. AGREEMENT TO FULFILL RESPONSIBILITIES OF APPRENTICE

I understand and agree that it is my responsibility to:

- Complete the required work-based training and practical experience under the direction of a qualified individual as assigned by the Sponsor;
- Self-manage the Technical Training component of my apprenticeship in consultation with my sponsor by:
 - scheduling and registering myself into and successfully completing required Technical Training at a SkilledTradesBC-approved training institution of my own choice, OR
 - successfully challenging the required Technical Training or Level where a challenge assessment exists;
- Meet any additional requirements of the Industry Training Program as outlined in the Industry Training Program Profile.

D. ACCURACY OF INFORMATION PROVIDED

I declare that:

all information I have provided or will provide to SkilledTradesBC in the future is true and complete.

I agree to:

immediately notify SkilledTradesBC regarding any future changes to information I have provided.

I acknowledge that:

if I provide untrue information or false documents to SkilledTradesBC, or fail to provide information or documents requested by them:

- I may be denied assessment,
- credit I have received toward my apprenticeship program or certification may be cancelled,
- my registration may be cancelled, and I may not be allowed to re-register,
- my trade certificate issued by SkilledTradesBC may be cancelled, and/or
- I may be subject to criminal prosecution.

E. AUTHORIZATION TO COLLECT INFORMATION INSIDE OR OUTSIDE OF CANADA

I agree that SkilledTradesBC may:

- request information, documents and/or records regarding my education, training, work experience and certification related to my apprenticeship program from:
 - my current and former employers
 - other government bodies or organizations that issue qualifications relating to my skills and knowledge
- contact other governments (including departments, boards and agencies), educational institutions I have attended, and current and former employers inside or outside of Canada to verify my certification, education, training and work experience; and

And I agree to this information being given to SkilledTradesBC.

F. CONSENT TO DISCLOSE INFORMATION

I agree to allow SkilledTradesBC, in accordance with the *BC Freedom of Information and Protection of Privacy Act* to use and provide to others personal information I have provided on my apprentice registration form, as well as any other information necessary for administering the apprenticeship training program in which I am registered and to provide my personal information to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs.

I also agree to information from my apprenticeship record with SkilledTradesBC being provided to others as follows:

YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

- To officials in other Canadian provinces/territories: Disclosure of any information collected on my apprentice registration form; verification of my certification, education, training and work experience; results of my assessments / examinations; and status of my application and apprenticeship to determine my eligibility for trade certification programs;
- To my sponsor: Disclosure of my examination/assessment results and other information regarding my apprenticeship program which SkilledTradesBC believes is necessary for meeting the responsibilities of a sponsor.
- To an approved training provider where I am currently applying or registered for apprenticeship training: Disclosure of the records of my previous apprenticeship technical training or other related information necessary for delivery and administration of the training program.
- To agencies and ministries of the provincial and federal governments: Disclosure of information required for determining my eligibility for financial assistance (including but not limited to federal or provincial tax credits, tool allowances, employment insurance or supplementary or enhanced apprenticeship benefits, federal or provincial incentive or completion grants, or scholarships).
- To government organizations or private service providers: Disclosure of information required for purposes of verifying my prior education, training, work experience and qualifications.

G. OPTION TO RECEIVE SOME COURSE NOTIFICATIONS (THIS SECTION MUST BE COMPLETED BY APPRENTICE)

Apprentices are personally responsible for seeking, organizing, and registering themselves in training with SkilledTradesBC-approved institutions. You may find it helpful to receive some notifications directly from approved trainers contracted by SkilledTradesBC of available courses that lead to certification in your training program. Notifications are NOT sent for all courses.

Select appropriate statement:

- SkilledTradesBC may provide** my contact information to SkilledTradesBC-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program. I understand notification may not be sent for all courses.
- SkilledTradesBC may NOT provide** my contact information to SkilledTradesBC-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program.

NOTE TO APPRENTICE:

If you have a question or concern about SkilledTradesBC’s use of your personal information, contact a SkilledTradesBC Customer Service Representative. From within Vancouver call: 778-328-8700; From outside Vancouver call toll free: 1-866-660-6011

H. APPRENTICE SIGNATURE

“By my signature below, I signify that I have read, understand and agree to sections C through G of this registration form.”

Apprentice’s Signature:	Date (MM/DD/YYYY):
-------------------------	--------------------

YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

Sponsor Responsibilities and Declaration

I. AGREEMENT TO FULFILL RESPONSIBILITIES OF SPONSOR

I understand and agree that it is my responsibility to:

- Ensure the Apprentice receives training and related practical experience under the direction of a qualified individual (certified Tradesperson or other(s) specified in the Industry Training Program Profile, OR holder of a SkilledTradesBC-issued letter authorizing supervision and sign-off of apprentices in the trade), in a work environment conducive to learning the tasks, activities and functions that form the Industry Training Program in which the Apprentice is registered;
- Enable the Apprentice to regularly attend Technical Training that is required under the Apprentice’s Industry Training Program;
- Submit all forms and documents required by SkilledTradesBC to verify completion of the established standards for the Industry Training Program;
- Recommend the Apprentice for certification when the Apprentice has met the established standards for that program and in the view of the sponsor and qualified individual is performing at the level of a Certified Tradesperson in the trade.

J. ACCURACY AND CURRENCY OF INFORMATION PROVIDED

I declare that:

- the apprentice’s work-based training will be performed under the direction of a qualified individual as defined in section I. above; and
- all information I have provided or will provide in the future to SkilledTradesBC is true and complete.

I agree to:

immediately notify SkilledTradesBC regarding any future changes to information I have provided.

I acknowledge that:

if I knowingly provide untrue information or false documents to SkilledTradesBC regarding my apprentice, or fail to provide information or documents requested by them:

- my apprentice may be denied assessment,
- credit my apprentice has received toward completion of the apprenticeship program or certification may be cancelled,
- my apprentice’s registration may be cancelled, and the apprentice may be prevented from re-registering,
- a trade certificate issued by SkilledTradesBC to my apprentice based on the said information I provided may be cancelled, and/or
- I may be subject to criminal prosecution.

K. SPONSOR SIGNATURE

“By my signature below, I signify that I have read, understand and agree to sections I through J of this registration form.”

Sponsor’s Signature:	Date (MM/DD/YYYY):
Parent/Guardian’s Signature:	Date (MM/DD/YYYY):
SD/BA Contact’s Signature:	Date (MM/DD/YYYY):



Letter of Intent to Complete Summer Work

Student Name: _____

I wish to be enrolled in the following course(s) for the upcoming school year:

- WEX 12A - 100 hours work experience
- WEX 12B - 100 hours work experience
- YWT 11A - 120 apprenticeship hours
- YWT 11B - 120 apprenticeship hours
- YWT 12A - 120 apprenticeship hours
- YWT 12B - 120 apprenticeship hours

I plan to begin gaining hours towards my course(s) this summer by :

- Working Job Shadowing
- Volunteering

Job Title:

Business Name:

This job will give me approximately _____ hours or work this summer.

Additional Comments:

By signing below you are confirming that you wish to be enrolled in WEX or YWT in the upcoming school year. You intend to work through the summer and finish the remainder of your hours during the upcoming school year. In order for your summer hours to count, you must also complete all course registration forms and safety assignments before beginning work.

Student Signature

Date

Parent Signature

Date

Career Programs Coordinator Signature

Date



Right to Refuse Unsafe Work

WCB Regulation 3.12: The Right to Refuse Unsafe Work

Procedure for refusal

1. A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person 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.
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. worker member of the joint committee,
 - b. 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.

Student Signature

Print Name

Date



Career Programs

Workplace Safety Assignment

Student Name: _____ **Date:** _____ **Score:** /10

Students need to understand the importance of Workplace Safety as it relates to the health and protection of young workers in BC. In order to complete the required Safety assignment, discuss WCB Regulation 3.12 with your Career Programs Teacher, Watch the online program and complete the Workplace Safety Knowledge Test.

Use the below link to access the online program:
[Worksafebcmedia.com/rights/course/course1386.html](https://worksafebcmedia.com/rights/course/course1386.html)

1. If you believe a work procedure or tool to be unsafe, what must you do?

- a. Refuse to carry out the procedure or use the tool.
- b. Communicate your concerns with your supervisor.
- c. Both (a) and (b)
- d. Either (a) or (b)

2. Which of the following are your responsibilities as a worker?

- a. Correct unsafe conditions or report them to your supervisor
- b. To work without unnecessary risk to yourself or others
- c. To ensure your co-workers are properly trained.
- d. To know how to safely handle hazardous materials you use on the job
- e. All of the above
- f. (a), (b) and (d) only
- g. (a), (c) and (d) only

3. Which of the following topics must be included as part of new worker training and orientation?

- a. Workplace health and safety rules
- b. Specific hazards you may be exposed to in the workplace
- c. Workplace specific personal protective equipment (PPE)
- d. Level 1 First Aid Certification
- e. How to work with any WHMIS products you may be using in the workplace
- f. All of the above
- g. (a), (b), (c) and (d) only
- h. (a), (b), (c) and (e) only

4. Which of the following are considered an employer's rights and responsibilities?

- a. Employers are responsible for ensuring the health and safety of their workers
- b. Employers can expect workers to follow health and safety procedures at all times
- c. Employers can pay employees half their wage during training.
- d. Employers must establish health and safety policies for the workplace
- e. (a), (c) and (d) only
- f. (a), (b) and (d) only

Career Programs

Workplace Safety Assignment

- 5. Which of the following are considered a supervisor's rights and responsibilities?**
- a. Know the Work Safe BC requirements that apply to the work being supervised
 - b. Ensure personal protective equipment/clothing is available and maintained
 - c. Immediately investigate unsafe conditions reported to them.
 - d. All of the above
 - e. (a) and (b) only
- 6. Your employer is required to provide and maintain personal protective equipment (PPE) and ensure that it is used.**
- a. True
 - b. False
- 7. Which of the following are general strategies for minimizing the risk of injury due to workplace hazards?**
- a. Keep workplace clear and uncluttered
 - b. Wear/use appropriate protective equipment
 - c. Follow all safety procedures
 - d. Ask for assistance when needed
 - e. All of the above
- 8. When is it appropriate to refuse work you feel is unsafe?**
- a. After you complete the task
 - b. If you believe this work could harm another person.
 - c. If you have not yet discussed a hazardous situation with your supervisor/employer
 - d. When your co-worker tells to refuse a job and claim it's unsafe.
 - e. (b) and (c)
- 9. Which of the following are consistent with the practice of due diligence?**
- a. Take all reasonable precautions to work safely.
 - b. Be mindful of your co-workers when completing hazardous tasks.
 - c. Work as quickly as possible to impress your employer.
 - d. Keep your training records and review your employee evaluations often.
 - e. All of the above
 - f. (a), (b) and (d) only
- 10. What are some of the legal consequences for knowingly causing workplace accidents?**
- a. Prosecution (court proceedings)
 - b. Jail time
 - c. Fines
 - d. Criminal record
 - e. All of the above



Workplace Bullying & Harassment Assignment

Student Name: _____ Date _____/5

Students need to understand the importance of Workplace Bullying & Harassment Policies as it relates to the health and protection of young workers in BC.

- Discuss OHS Policy D3 – 115-2 Sub section F with your Teacher
- Watch the Power point presentation on Workplace Bullying & Harassment
- Complete the Workplace Safety Bullying & Harassment assignment.

1. If you believe you have been a victim of bullying, what should you do?

- a. Let your supervisor know about the incident.
- b. Avoid the urge to give the bully the attention they're looking for.
- c. Both (a) and (b)
- d. Either (a) or (b)

2. Which of the following are the responsibility of the employer?

- a. Create workplace policies around bullying & harassment.
- b. Develop procedures for reporting bullying in the workplace.
- c. Train workers and supervisors on bullying & harassment.
- d. Both (a) and (b)
- e. All of the above

3. Which of the following are NOT Bullying and Harassment?

- a. Constructive feedback.
- b. A difference of opinions
- c. Legitimate complaints about worker conduct, ex. Being late.
- d. Both (a) and (c)
- e. All of the above

4. What are some examples of Workplace Bullying and harassment?

- a. Spreading rumours
- b. Personal verbal attacks
- c. Vandalizing personal belongings.
- d. Attacks on social media
- e. Answers (a), (c), and (d)
- f. All of the above.

5. What can co-workers do to stop workplace bullying and harassment?

- a. Log the details about what happened during the incident.
- b. Protect the confidentiality of the person being harassed by not gossiping
- c. Console the person being harassed and tell them to just ignore it.
- d. Both (a) and (b)
- e. Both (a) and (c)
- f. None of the above



Career Programs Training Plan

Student Name: _____ Business Name: _____

This training plan is for the student placement/position of:

This Work Experience is (circle): Job Shadowing Volunteer Paid Work

Job Description:

Routine Tasks & Responsibilities List	After 100 hours I expect the student will involved in this task/using this tool by:		
	Observing	Completing with help	Completing Independently
Tools & Equipment Exposure List	Observing	Using with help	Using independently
Please check (✓) the general/transferable skills students will gain on the job.			
<input type="checkbox"/> Communication	<input type="checkbox"/> Positive Attitude	<input type="checkbox"/> Working with Others	
<input type="checkbox"/> Information Management	<input type="checkbox"/> Responsibility	<input type="checkbox"/> Organized Planning	
<input type="checkbox"/> Use of Numbers	<input type="checkbox"/> Adaptability	<input type="checkbox"/> Problem Solving	
<input type="checkbox"/> Willingness to Learn	<input type="checkbox"/> Workplace Safety	<input type="checkbox"/> Time Management	

Training overview:

Pre placement training and/or discussion topics to be covered:

On the job training style (observation only, verbal instructions, visual demonstrations, complete tasks with help, work alongside supervisor, problem solve and ask for help as needed,...):

Growth plan:

Please list the top 3 skills or lessons the student will learn during this placement (eg. Safety, customer service, using a point of sale system, using a chop saw,...)

- 1.
- 2.
- 3.

Typical number of hours to be worked in a school week: _____hrs

Initial student schedule:

_____ Student Signature	_____ Date	_____ Parent Signature	_____ Date
_____ School Contact Signature	_____ Date	_____ Supervisor Signature	_____ Date



SCHOOL DISTRICT 78
FRASER-CASCADE
EVERYONE PULLING TOGETHER

Career Programs WCB Clearance Letter

WCB numbers are collected for the sole purpose of generating a clearance letter. Clearance letters are used to confirm a business is registered and in good standing/insured. Students are may only to complete Career Programs (Work Experience and/or Youth Work in Trades) at worksites in good standing. WCB numbers are not used to check claim history.

Business Name:

WCB #:

Course:

WEX 12A WEX 12B YWT11A YWT 11B YWT 12A YWT 12B



Career Programs Site Safety Checklist

Employer/Trainer and Student instructions: Please complete this safety training checklist for all items relevant to the worksite. Student and trainer each initial beside items covered or to be discussed and "N/A" beside items not relevant to the worksite. Return this page to your Career Program Teacher once complete.

Course: WEX 12A WEX 12B YWT11A YWT 11B YWT 12A YWT 12B

Worksite:	Trainer	Student	Comments
Rights & Responsibilities:			
• Student will be informed of general roles and responsibilities of employer, supervisor & workers			
• Student will be informed on how to report workplace hazards.			
• Student will be shown proper procedures for carrying out tasks and will ask with new tasks.			
Hazard Recognition & Injury Prevention:			
• Student will be made familiar with PPE appropriate to worksite. Student knows what PPE will be supplied and what PPE they must acquire.			
• Student will be trained on workplace hazards and how to manage them.			
Incident & Accident Response Procedures:			
• Student will be made aware of all fire exits, fire extinguishers, alarms and meeting points			
• Student knows who has first aid training on site and how to contact them.			
• Student will be made aware of all first aid kits and eye wash stations on site			
• Student will be made aware of how to respond to workplace accidents and emergencies.			
Hazardous Materials and WHMIS:			
• Student will be made aware of hazardous materials they may come in contact with.			
• Student will be shown location of Material Safety Data Sheets.			

 Student Signature

 Date

 Parent Signature

 Date

 School Contact Signature

 Date

 Supervisor Signature

 Date



Career Programs Transition Plan

This document is meant to help students plan for a smooth transition from high school to Employment

Student Name: _____ Student Grade: _____

Date: _____ Year of Graduation: _____

Career Goal: _____

Grade 10

6 Required Courses	Semester 1	Semester 2
<ul style="list-style-type: none"> English 10 Socials 10 A&W 10 or Pre-Calc Math 10 Science 10 PE 10 Applied Skill or Fine Arts Elective 10,11,or 12 	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
	4. _____	4. _____
	Extra's: _____	_____
	Course(s) Outside Timetable	

Grade 11

5 Required Courses	Semester 1	Semester 2
<ul style="list-style-type: none"> English 11 Socials 11 A&W 11 or Pre-Calc Math 11 Science 11 Career Life Education 	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
	4. _____	4. _____
	Extra's: _____	_____
	Course(s) Outside Timetable	

Grade 12

2 Required Courses	Semester 1	Semester 2
<ul style="list-style-type: none"> English 12 Career Life Connections *4 grade 12 courses required for graduation 	1. _____	1. _____
	2. _____	2. _____
	3. _____	3. _____
	4. _____	4. _____
	Extra's: _____	_____
	Course(s) Outside Timetable	

Career Programs Elective Courses:

Work Experience, Youth Work in Trades & Youth Train in Trades

WEX 12A & 12B | YWT 11A, 11B, 12A, & 12B | YTT 2-8 courses, varies with program

Career Programs Transition Plan

Focus Area of Career Goal:

<input type="checkbox"/> Business and Applied Business	<input type="checkbox"/> Liberal Arts & Humanities
<input type="checkbox"/> Fine Arts, Design & Media	<input type="checkbox"/> Science & Applied Science
<input type="checkbox"/> Fitness & Recreation	<input type="checkbox"/> Tourism, Hospitality & Foods
<input type="checkbox"/> Health & Human Services	<input type="checkbox"/> Trades & Technology

Choose 3 courses from your course selection list, and describe how they will help you in your chosen career path:

1. _____ :
2. _____ :
3. _____ :

What Post Secondary program will you take to complete your transition plan?

Post Secondary Institution	Program
Or:	
Or:	

What are the prerequisites of the program you are interested in? (Math needed?, English needed?)

What is the cost of this program? \$_____ What is the length of this program? _____ weeks

Student Signature

Date

Parent/Guardian Signature

Date

Trades & Transitions Coordinator Signature

Date

*This transition plan is a living document, that should be reviewed and updated annually. A career path may change, courses taken may change due to availability, students may fail a course, students may not be able to handle the planned course load, students may not find suitable work placements, less credits are awarded for Postsecondary Apprenticeship Programs (shorter) than for Foundation programs. These changes need to be noted.



Career Programs Work Based Training Log

Student name	
Employer/Worksite supervisor	

Date	Hours	Description of work duties	Tools used and skills development
Total hours:			

By their signatures, the student and worksite supervisor confirm that the information above is accurate.

Student name		Student signature	
Worksite supervisor name		Supervisor signature	

Received on ____ / ____ / ____ (date) by _____ (school or district contact).



Career Programs

Workplace Photo Assignment

Please submit 2 pictures of yourself in the workplace to your Careers Coordinator

Picture 1 – A picture of yourself with company signage in the photo

- Show us where you work
- Stand outside the workplace by the sign or under the sign
- Make sure we can see your face
- Smile

Picture 2 – Action Shot

- Show us what you do while you are at work.
- Make sure to be using any required safety equipment in the picture
 - (steel toed boots, safety glasses, ear muffs,
- This shot can show you using tools or equipment at the workplace or posing with the tools and equipment you use.
- This could be a shot of you helping a customer, hammering a nail, working at a computer, using a tape measure,...
- If you're a welder or in another trade, maybe show us a picture of you in all your safety gear and holding some equipment, so we can still see your face.

I _____, give my consent for my picture to be used for marketing SD78 career programs.

I do not give my consent for my picture to be used for marketing purposes.



Career Programs Work Term Report

Work Term Reports must be completed each term, before report cards.

Answer each of the following questions in point form or sentence style. Go deep in your thinking here. Show growth!

Student Name: _____

Date: _____

Worksite: _____ (Work Dates) From _____ To: _____

This work term report is for (circle):

Work Experience (WEX): 12A 12B

Youth Work in Trades (YWT): 11A 11B 12A 12B

1. Describe the type of business (work) the company/organization does.

2. Give an overview of your job, tasks, assignments routine duties and anything else you did.

3. No matter what your job, you should be developing skills. Refer to the list of employability skills needed for any workplace. Check at least four (4) transferable skills that you consider important for the job you were doing.

- | | | |
|---|--|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Organized Planning |
| <input type="checkbox"/> Use of Numbers | <input type="checkbox"/> Adaptability | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Willingness to Learn | <input type="checkbox"/> Workplace Safety | <input type="checkbox"/> Time Management |

4. Provide some examples of how you practiced at least 3 of the transferrable skills you identified in question #3. How will these skills help you be successful in your future career?

Career Programs Work Term Report

5. What are some strategies that you could have (or did) use to minimize workplace hazards and meet your workplace safety responsibilities?

6. Describe an example of a success you experienced on the job site.

7. What did you learn from this experience? (What did you learn about the job, about working, about yourself? Did you encounter any problems? If so, how did you solve them?)

8. Identify a new technical or workplace-specific skill that you learned or used? (ie: use of specific tool, computer software, cooking skill, inventory control, etc ...)

9. How has this work experience affected your career plans? (How have your career plans remained the same – or have your plans changed – as a result of this experience?)



Career Programs Employer Feedback Form

It is expected that students will practice and demonstrate the use of Employability skills, a positive work ethic, use of workplace-specific skills and be able to analyze and solve problems on the worksite. Employers are asked to provide their feedback on these items each term.

This feedback will be incorporated into the student's report card comments.

Employer/Supervisor Feedback:

Student Name: _____ School: _____

Course: WEX 12A WEX 12B YWT11A YWT 11B YWT 12A YWT 12B

Employer: _____ (Work Period) From: _____ To: _____

NA Not Applicable **1** Needs Improvement **2** Satisfactory **3** Above Average **4** Excellent

Comments/Date:

How did the student do with?	NA	1	2	3	4
Fundamental skills					
Communication is appropriate for the work placement (listening and responding, writing, speaking)					
Manages information, including privacy requirements					
Reading, writing, and math skills are appropriate for the work placement					
Solves problems effectively					
Personal management skills					
Is punctual					
Is responsible					
Shows initiative					
Is efficient					
Is adaptable					
Practices work safety					
Teamwork skills					
Interacts respectfully					
Is co-operative					
Is courteous					
Technical skills					
Uses tools/equipment appropriately and effectively for the specific trade and the work placement					
Quality of work					
Applies trade-specific skills					

What are this student's main strengths? _____

What are your recommended areas for improvement & growth for this student?

What type of employment/career sector do you feel this student is best suited for?

Additional comments:

Employer/Supervisor Signature _____ Date: _____

Thank you for your feedback



Career Programs Monitor Report

A monitor report is to be done quarterly, for each reporting period, unless the course is finished early. It is Expected that students will practice and demonstrate the use of employability skills, a positive work ethic, use of workplace-specific skills and be able to analyze and solve problems on the worksite.

Career Program Coordinator Evaluation:

Student Name: _____ School: _____

Course: WEX 12A WEX 12B YWT11A YWT 11B YWT 12A YWT 12B

Employer: _____ (Work Period) From: _____ To: _____

NA Not Applicable **1** Needs Improvement **2** Satisfactory **3** Above Average **4** Excellent

Comments/Date:

How did the student do with?	NA	1	2	3	4
Fundamental skills					
Communication is appropriate for the work placement (listening and responding, writing, speaking)					
Manages information, including privacy requirements					
Reading, writing, and math skills are appropriate for the work placement					
Solves problems effectively					
Personal management skills					
Is punctual					
Is responsible					
Shows initiative					
Is efficient					
Is adaptable					
Practices work safety					
Teamwork skills					
Interacts respectfully					
Is co-operative					
Is courteous					
Technical skills					
Uses tools/equipment appropriately and effectively for the specific trade and the work placement					
Quality of work					
Applies trade-specific skills					

Additional comments:

Career Program Coordinator Signature

Date

SPONSOR REPORT FOR WORK-BASED TRAINING HOURS

This form is used by employers / sponsors to report work-based training hours for an apprentice in any program. Missing information may delay the reporting process.

A. Apprentice Information

Please print clearly and return form to the address noted above

SkilledTradesBC Individual ID #:	Program (Trade) Name:	
*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	Email Address:	

B. Work-Based Training Hours Reporting Period

Ensure exact start and end dates are reported	Total number of work-based training hours reported during this period.
<p>Start Date: _____ (MM/DD/YYYY)</p> <p>End Date: _____ (MM/DD/YYYY)</p>	<p>_____</p> <p>Do not overlap any hours on this report with hours sent in previously. Note: We are unable to accept future dates for hours apprentices have not yet worked.</p>

C. Employer / Sponsor Approval

<p>Were these hours worked for a previous/alternate employer?</p> <p><input type="checkbox"/> Yes (Employer Name Required) <input type="checkbox"/> No</p>	<p>Previous/Alternate Employer Name:</p>
<p>Sponsor Organization Name:</p>	<p>Name of Authorized Sponsor Representative:</p>
<p>Sponsor Organization ID#:</p>	<p>Signature of Authorized Sponsor Representative:</p>

"I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision/direction of a certified tradesperson or equivalent."

The signature of the apprentice's registered sponsor or an authorized representative is required. Without it, the work-based training hours claimed in this report will not be added to the apprentice's record.



Career Programs Student Reflection

Students Reflections are to be completed at the end of each placement and/or course.

This student Reflection is being completed for:

- WEX 12A WEX 12B YWT 11A YWT 11B YWT 12A YWT 12B

Student Information:

Student Name: _____	Worksite: _____
Supervisor: _____ (Work Period) From: _____ To: _____	

Please check (✓) the Employability Skills that you practiced during your placement.

- | | | |
|---|--|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Organized Planning |
| <input type="checkbox"/> Use of Numbers | <input type="checkbox"/> Adaptability | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Willingness to Learn | <input type="checkbox"/> Workplace Safety | <input type="checkbox"/> Time Management |

Please describe the type of work done and the tasks/duties preformed:

Please list 3 work-place specific skills, tools or pieces of technology that you used during your placement:

1. _____
2. _____
3. _____

Describe how this experience assisted you with planning for the future:

Student Signature: _____ Date: _____

Please return all completed forms to your Career Programs Teacher



Youth Work in Trades Award Application

Award Details

This \$1000 award is available to Youth in Trades students. The money is intended to assist the apprentice with the purchase of tools, equipment, materials, or tuition necessary to continue in their trade. The award is given in the form of a cheque, made out to the student. Cheques are typically received at the school in the fall of the year following graduation.

To be eligible for the Award, Skilled Trades BC registered youth apprentices must have:

- Been registered in a school district Youth in Trades program
- Graduated with a Grade 12 Dogwood Diploma or Adult Dogwood
- Successfully completed YWT 11A, 11B, 12A, 12B
- Maintained a C+ average or better on Grade 12 numbered courses
- have 900 hours reported to the SkilledTradesBC before August 31st of the school year they turn 19.

Student Information:

Student Name: _____

School Name: _____

SIN#: _____

Birth date: _____

900 hours to be complete by August 31st, 20__

Grade 12 Courses	Letter Grade
English 12	
Youth Work in Trades 12A	
Youth Work in Trades 12B	

Student Signature