



Industry Training Program Application

All fields are required to be completed. Please print clearly

Student Name: _____ P.E.N.: _____

Address: _____

City: _____ Postal Code: _____

Email address: _____ Date of Birth: _____

Current School: _____ Grade: _____

Counsellor: _____ Student Cell #: _____

Program you are requesting:

Youth Train in Trades:	Industry Certification:
<input type="checkbox"/> Automotive Collision Repair Technician	<input type="checkbox"/> Cisco Networking Academy
<input type="checkbox"/> Auto Refinishing & Prep Technician	<input type="checkbox"/> Fitness Instructor
<input type="checkbox"/> Automotive Service Technician	<input type="checkbox"/> Tourism & Event Management
<input type="checkbox"/> Baker (Pastry Arts)	<input type="checkbox"/> Palo Alto Cyber Security Academy
<input type="checkbox"/> Carpenter	<input type="checkbox"/> Microsoft Office Specialist
<input type="checkbox"/> Construction Electrician	Industry Connect:
<input type="checkbox"/> Professional Cook	<input type="checkbox"/> DigiPen Gaming Academy
<input type="checkbox"/> Hairstylist	<input type="checkbox"/> Film & Broadcast
<input type="checkbox"/> Landscape Horticulturist	<input type="checkbox"/> Graphic / Media Arts
<input type="checkbox"/> Metal Fabricator	<input type="checkbox"/> Health Sciences
<input type="checkbox"/> Painter	<input type="checkbox"/> Robotics (Mechantronics)
<input type="checkbox"/> Plumber/Pipefitter (Level 1 Harmonized)	<input type="checkbox"/> Music Production & Technology
<input type="checkbox"/> Sheet Metal Worker	

Parent/Guardian Name: _____

Email address: _____

Please complete the address and phone number fields below **only** if these are different from the student.

Address: _____

City: _____ Postal Code: _____

Phone # _____ Cell # _____

I hereby give my daughter/son permission to participate in the Burnaby Schools Industry Training Program.
Please note: For certain Industry training programs, students may be required to purchase personal equipment and supplies.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Attach information as outlined on Industry Training Program Application Checklist

Industry Training Program Application Checklist

Step #1 Submit application package to include:

- Industry Training Program Application form
- Student Evaluation Form
- Teacher Reference Form
- Employer Reference Form
- Current resume

Please note:

Upon acceptance into the program, Out-of-district students must submit the following:

- Personal Information Consent – Secondary Form
- Notice of Outside Media in Schools – Secondary Form

Upon acceptance into the program, ALL students must submit the following:

- Student Medical Form
- Community Field Experiences Consent form
- District Media Release Form

For Youth Train in Trades Program ONLY)

- Youth Apprenticeship and Sponsor Registration Form
- Student must also hold a valid piece of Government ID

Step #2 Submit application to: Your school's Career Centre

Step #3 Attend Interview

Step #4 Your school will be informed of your acceptance and a formal Letter of Acceptance will be sent to your home

FOR SCHOOL USE ONLY: WCB Work Safety Test Passed Pending

Schools attach the following documents to students applications:

- Permanent Student Record
- Attendance History
- Copy of student's most recent report card
- Student designation (if applicable) _____ required field
- Copy of student's IEP (attached)

Signature of Administrator: _____

Student Self Evaluation & Transition Plan

Are you currently working in this industry field?

Yes

No

If so, what is the name of your employer _____

What aptitude/skills do you possess that will make you successful in your chosen program?

What are the most important qualities employers look for in an employee?

What are your long term Education / Career goals (1-5 years)?

Is there a specific occupation for which you are intending to pursue training or employment?

Do you have any allergies or health concerns that may affect your participation in your chosen program? (eg food allergies, injuries etc.)

Signature: _____ **Date:** _____



List the courses you are taking and/or are planning to take in Grade 11 and 12.

If you are a Grade 8 or 9 student applying for DigiPen Gaming Academy, you may skip this section.

Grade 11	Grade 12

Which courses are most directly related to your career plans?

Teacher Reference Form

Please assist in the selection process by providing information about the student.

How long and in what capacity do you know the applicant?

Describe this student's work habits and attitude towards learning.

Describe this student's ability to communicate (both written and oral).

Describe this student's ability to listen and follow directions.

What do you think will make this student successful in their chosen program?

Name: _____ **Signature:** _____

Date: _____



Employer Reference Form

Please assist in the selection process by providing information about the student.

How long has this student been employed at your business?

What type of tasks/responsibilities does the student perform?

Describe this student's work habits and attitude towards learning.

Describe this student's ability to communicate (both written and oral).

Describe this student's ability to listen and follow directions.

What do you think will make this student successful in their chosen program?

Name: _____ **Signature:** _____

Date: _____