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.

WHAT IS A SAMPLER PROGRAM?

Taking part in this program means that you will attend a program at the college 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 Sampler program. Your Career Coordinator will support you throughout the application process and the remainder of the program.

PLEASE READ

STEPS FOR SUBMITTING AN APPLICATION:

- It is in your best interest to complete your application as soon as possible to give you the best chance for admittance into the college course. This would ideally be completed as close to the registration opening date as possible, usually a year in advance to the start date. We will also require time to review your application.
- Submit the application package to your Career Coordinator for review and they will forward the completed application to the Career Programs District Office.
- You may required to interview as part of the selection process.
- In addition, your attendance, behavior record, and transcript will also be reviewed.
- If a candidate is successful their application will be sent to the post-secondary institution by the Careers Department staff.
- The Careers Department and the post-secondary institution will notify the candidate via email if accepted into the program. A conditional acceptance letter will be sent via email to the candidate as well as information from the post-secondary regarding class start times, textbooks, etc.

CONTACT YOUR CAREER COORDINATOR FOR ASSISTANCE:

Seaton/Alternate
Melanie Jorgensen
mjorgensen@sd22.bc.ca
(250) 306-6806

Kalamalka/VSS
Tim Thorpe
tthorpe@sd22.bc.ca
(250) 549-6921

Fulton/CBSS/Crossroads/vLearn
Debbie Meyer
dmeyer@sd22.bc.ca
(250) 540-1714

ADDITIONAL ITEMS THAT NEED TO BE SUBMITED 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.

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**
- ☐ **Spa Sampler**
- ☐ **Trades Sampler**
  - ○ Sept-Dec
  - ○ 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
- ☐ Personal Paragraph
- ☐ Post-Secondary Institution Application Form
- ☐ Post-Secondary Release of Information
- ☐ Skilled Trades BC Registration Form (Trade Sampler Applicants Only)
- ☐ Consent for Release of Confidential Information
- ☐ Refusal of Unsafe Work
- ☐ Student Education Plan (planning version)
- ☐ Teacher Recommendation
- ☐ Field Trip Form

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
If yes: ☐ Status ☐ Non-Status ☐ Inuit ☐ Metis

Canadian Citizen: ☐ Yes ☐ No

Address: _____
(Including City and Postal Code)

PEN#: _____ **School:** _____ **Current Grade:** _____

Student Cell: _____ **Date of Birth (Month, Day, Year):** _____

Student email address: _____
(NOT AN SD22 SCHOOL EMAIL, NO PARENT EMAIL)

Are you currently on an IEP or Learning Plan? ☐ Yes ☐ No

*** If on an IEP**
Case Manager please provide a written reference for the coded student that includes the curricular and environmental adaptions, as outlined in the current IEP.

A copy of the IEP/Learning Plan is attached to the application ☐ Special Ed. Designation _____

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.

SD22 CAREER PROGRAMS

PERSONAL PARAGRAPH

Provide a brief written statement of interest outlining your reasons for wanting to participate in the course at the Post-Secondary Institution.

How would this course support your planned occupation/career?

What do you hope to learn during this program?

APPLICATION FORM

CONCURRENT ENROLMENT

FOR OFFICE USE ONLY

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

[ ] Not applicable

DATE/TIME:

INITIALS:

Program Name

- [ ] Associate of Arts
- [ ] Associate of Science
- [ ] Business
- [ ] Trade: _____
- [ ] Certificate: _____

Campus

- [ ] Vernon
- [ ] Kelowna
- [ ] Penticton

Term

- Fall (September)
- Winter (January)
- Summer Session I (May)
- Summer Session II(July)
- Other: _____

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

Personal Information—Please Print Clearly

Legal Last or Family Name	First Name		Middle Name(s)
Preferred First Name	Previous (Maiden) Name (if applicable)	Okanagan College ID (if known)	PEN (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 toprovide 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	

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 generalinterest
☐ 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:** _____

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

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: _____

SD22 CAREER PROGRAMS

REFUSAL OF UNSAFE WORK

If you would like any further information regarding safety aspects of work sites, please contact your local WorkSafeBC office to speak with your area Safety Officer or call 604-276-3100 (toll free 1-888- 621-7233.)

3.12 Procedure for refusal

(1) A person must not carry out or cause to be carried out any work process or person operate or cause to be operated any tool, appliance or equipment if that has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.

(2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer. immediately report the circumstances of the unsafe condition to his or her supervisor or employer.

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

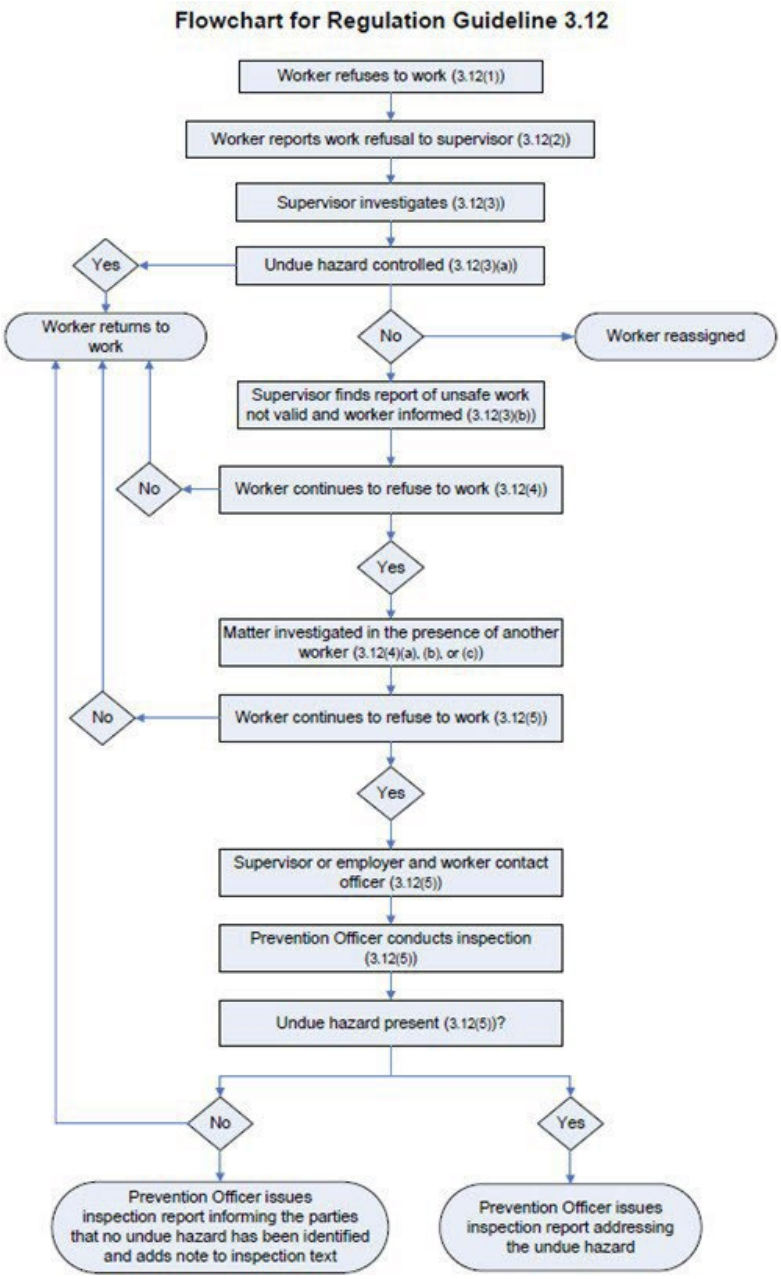
(4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence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

(a) a worker member of the joint committee,

(b) a worker who is selected by a trade union representing the worker, or

(c) if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.

(5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry outthe work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.



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

Student Name: _____

Student Signature: _____ Date: _____

Career Coordinator Signature: _____ Date: _____

SD22 CAREER PROGRAMS

EDUCATION PLAN (PLANNING PURPOSES ONLY)

First Name: _____ Last Name: _____ Grade: _____ School: _____

Make an appointment with your Career Coordinator to develop a Transition Plan.

1. Courses selected must meet the current graduation requirements. You may need to modify your timeline to achieve this. (Students must graduate when they complete their Dual Credit program.)
2. **Within the 80 Credits you MUST have**: ALL required courses Listed below, 5 Grade 12 courses, 1 Fine Art, Tech OR Applied Skill and 1 Indigenous-focused course (4 credit). (52 credits are required course credits and 28 are elective credits).

GRADE 10	
REQUIRED COURSES	**CREDITS**
1. **English Language Arts 10**	4
2. **Social Studies 10**	4
3. **A Math 10**	4
4. **Science 10**	4
5. **Physical Education 10**	4
6. **Career Life Education 10**	4
7. **Fine Arts, Tech, Applied Skill** 10, 11 or 12	4
8.	
9.	
10.	
TOTAL CREDITS FOR GRADE 10:	

GRADE 11	
REQUIRED COURSES	**CREDITS**
1. **A Language Arts 11**	4
2. **A Social Studies 11 or 12**	4
3. **A Math 11**	4
4. **A Science 11 or 12**	4
5.	
6.	
7.	
8.	
9.	
10.	
TOTAL CREDITS FOR GRADE 11:	

GRADE 12	
REQUIRED COURSES	**CREDITS**
1. **A Language Arts 12**	4
2. **CLC & Capstone**	4
ELECTIVE CREDITS *Must have at least two additional elective grade 12 courses other than English 12 and CLC to graduate. This could include **elective** grade 12 courses that you took in grade 11*	
Grad Requirement of Indigenous-focused course work (4 credit) **Indigenous Credit** ☐	
TOTAL CREDITS FOR GRADE 12:	

TOTAL GRAD CREDITS	

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

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: ☐ Man ☐ Woman ☐ Non-Binary ☐ 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? ☐ Yes ☐ No		
*Do you identify yourself as an Indigenous person? ☐ Yes ☐ 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:

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

2. I authorize the school to release the information outlined in Sections A & B to SkilledTradesBC for the purpose of registering the student with SkilledTradesBC in a Youth Trade program; and to use the registration information for statistical data.

3. I understand that I can only withdraw this consent by written request addressed to the school.

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 ☐ Youth Explore Trades Sampler ☒	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: _____

	POOR		TO		EXCELLENT
Attendance and Punctuality	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments: _____					
Work Ethic	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments: _____					
Attitude	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments: _____					
Initiative/Motivation	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments: _____					
Interpersonal Skills	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Comments: _____					

General Comments:

_____

_____

_____

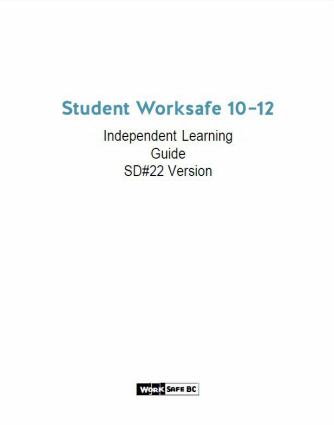
SD22 CAREER PROGRAMS

STUDENT WORKSAFE 10-12 INDEPENDENT LEARNING GUIDE

Completing WorkSafe training is Mandatory for all students going in to a Dual Credit Program.
If you have not received a WorkSafe Certificate in Planning 10/ CLE 10/CLC 12, then the following **Student WorkSafe 10-12 Independent Learning Guide and accompanying test** is required to be completed.

If you do have a WorkSafe Certificate please make a copy and bring it to your Career Coordinator for your file.

HOW TO GET STARTED



1. Download and read the Student WorkSafe 10-12 Independent Learning Guide SD#22 Version:
   https://sd22org-my.sharepoint.com/:b:/g/personal/careerprograms_sd22_bc_ca/EQq16yAluKpNnmBSLDyvGFwBzsP1oNo2pUY-ZeTNe24e2w?e=o078Jl

2. Follow the link below to take the test. You must get at least 16/20 - retake the test if necessary. Let your Career Coordinator know when you have successfully completed the test.
   TEST Link: https://forms.gle/PjsnqFDYp25ZSKwt6

PARENT/CAREGIVER FIELD TRIP CONSENT FORM
LEVELS 1&2

Please return by: When handing in your Application

Name of student: _____

Name of School: _____

Grade/Class: Trade Sampler at OC Vernon

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 ailments[1] 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.