



FAX TRANSMITTAL COVER PAGE

Dual Credit Applications Checklist

Before submitting application to the Education Centre please ensure you have all the following information included or attached.

REQUIRED INFORMATION	
Student Name:	School:
Referring Student Success Team member:	
Team member telephone number:	Team member email:
CHECKLIST	
<input type="checkbox"/> All required fields of information on form filled in—and legible. <input type="checkbox"/> Current Grade	
<input type="checkbox"/> # credits when starting Dual Credit	
<input type="checkbox"/> OEN	
<input type="checkbox"/> SIN (if being registered for apprenticeship in the Employment Ontario Information System)	
<input type="checkbox"/> Transcript	
<input type="checkbox"/> IEP <input type="checkbox"/> not applicable	
<input type="checkbox"/> OYAP Application <input type="checkbox"/> not applicable	
<input type="checkbox"/> School Guidance Counsellor Signature	
<input type="checkbox"/> Student Signature(s)	
<input type="checkbox"/> Parent/ Guardian Signature(s) when applicable	

*If this is an OYAP student who will be entering into a Training Agreement, three (3) copies of this document will be sent to your school. All 3 copies must be signed by the student and parent/ guardian. These 3 copies must then be returned to the Education Centre to be forwarded to the MTCU. The Ministry will obtain the employer's signature.

Number of pages to follow: _____ (including cover page)

Original to Follow: Yes No



Referral Form for Admission to Dual Credit Programs

To be completed by referring Student Success Team Member.

Student belongs to target group (check all that apply):

- SHSM Which Sector? _____
- OYAP Which trade? _____
- At Risk (Disengaged and/or underachieving with potential to succeed)

Suitability Determined through:

- Student Application Review of OSR/ credit counseling summaries
- Interview
- Recommendations of teachers
- Discussion with school team of best fit between interests, strengths, and needs of the student and range of options available
- Other _____

Evidence of Disengagement:

- Numerous absences
- Has dropped out or is at risk of doing so
- Out of school and reluctant to return to secondary school setting for non-academic reasons
- Lack of involvement/ engagement in school or community activities
- Sees little connection between secondary school program and preferred future
- Lacks confidence in ability to succeed
- Unsure of pathway beyond secondary school
- In need of career clarification
- Other _____

Evidence of Underachievement:

- Under- credited; off track to graduate in 4/5 years
- Over age for grade level
- Was making progress, but progress has slowed
- Marks in course declining
- Not submitting assignments on a consistent basis
- Other _____

Pathway:

- Student has the ability to succeed in a college-level course
- Student has completed or will be completing a 12 college level English course

References: (Complete one)

- Letter of reference attached
- Referred By: _____
Comments:

This paper form is available to help schools with the registration process and/or to be used as a release form; **ONLY** on-line registrations will be accepted by the college.

Applicant Name: _____ **School:** _____

✓ **COLLEGE TAUGHT DUAL CREDITS:** *please select program and semester if applicable*

Programs	Dual Credit Code	College Code	Location	Semester	School Board
<input type="checkbox"/> Construction Techniques	YUV4T	CNTP 1000	Loyalist College	<input type="checkbox"/> 1 - QSS <input type="checkbox"/> 2 - PECI <input type="checkbox"/> 2 - CHSS	HPEDSB
<input type="checkbox"/> Intro to Child and Youth Work	TOE4T	CYWP 1001	Loyalist College	1	ALCDSB HPEDSB
<input type="checkbox"/> Roots to Success	JEL4T	COUN 2011	Loyalist College	<input type="checkbox"/> 1 -HPEDSB <input type="checkbox"/> 2 -ALCDSB	HPEDSB ALCDSB
<input type="checkbox"/> Trades Sampler	JEJ4T	GASP 1003	Loyalist College	2 (May/June 2012)	ALCDSB HPEDSB

✓ **SUMMER SCHOOL DUAL CREDITS**

Programs	Dual Credit Code	College Code	Location	Semester	School Board
<input type="checkbox"/> Lights, Camera, Action!	JAB4T	TVNM 1003	Loyalist College	Summer School (July 2012)	ALCDSB HPEDSB
<input type="checkbox"/> Summer Nails	TXU4T	ESTH 1000	Loyalist College	Summer School (July 2012)	ALCDSB HPEDSB

✓ **OYAP DUAL CREDITS**

- An OYAP/Dual Credit student is currently working towards the completion of their Ontario Secondary Graduation Diploma (OSSD) and requires additional credit(s) to graduate or they have earned their OSSD and are prepared to consider an apprenticeship as a destination of choice.
- Student should be Grade 12 or year 5.
- Student must be registered with MTCU through their OYAP Coordinator/Coop teacher.
- Student must be enrolled in coop & signed with an employer through their OYAP Coordinator or Coop teacher before the start of the program

Programs	Location	Semester	School Board
<input type="checkbox"/> WeACE OYAP Auto	Loyalist	2	ALCDSB/HPEDSB/KPRDSB/LDSB/PVNCCDSB/SJW
<input type="checkbox"/> WeACE OYAP Cook	Loyalist	2	ALCDSB/HPEDSB/KPRDSB/PVNCCDSB/SJW
<input type="checkbox"/> WeACE OYAP ECE	Loyalist	2	ALCDSB/HPEDSB/KPRDSB/LDSB/PVNCCDSB/SJW

****All course descriptions can be found at http://dualcredit.squarespace.com/loyalist_welcome/**

Personal Information (please print clearly)						
Legal First Name:	Middle Name:	Last Name	Male <input type="checkbox"/>	Date of Birth		
			Female <input type="checkbox"/>	Month:	Day:	Year:
Street Address	Apt.	City	Postal Code			
Phone Numbers Home: Cell:	Email Address					
Have you previously attended Loyalist College? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, i) Assigned student number (if known) _____ ii) Indicate the last name you were registered under (if different) _____						
Status in Canada: (check all that apply)						
<input type="checkbox"/> Canadian Citizen, born in Canada <input type="checkbox"/> Canadian Citizen, born outside Canada <input type="checkbox"/> Landed immigrant/permanent resident <input type="checkbox"/> First Nations, North American Indian, Inuit, Métis, etc <input type="checkbox"/> Visa student <input type="checkbox"/> Refugee Status <input type="checkbox"/> Other (specify) _____						
Are you the first in your family (Mother or Father) to attend Post Secondary? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you interested in attending College? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, are you planning to apply to College for the 2012/13 school year? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, will you be applying to Loyalist College? <input type="checkbox"/> Yes / <input type="checkbox"/> No						
Academic Information – to be completed by a Guidance, Student Success, Co-op or OYAP teacher who is coordinating dual credit participation for your high school						
Student's current Grade level:	Number of credits when starting Dual Credit:	OEN#:				
Will the student be eligible to graduate at the end of the 11/12 academic year? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Has the student previously dropped out and returned to secondary school? <input type="checkbox"/> Yes / <input type="checkbox"/> No					
Has the student been identified in an IPRC (Identification, Placement, Review, Committee)? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Does the student have a current IEP (Individual Education Plan)? <input type="checkbox"/> Yes / <input type="checkbox"/> No					
Does the student need ELL accommodations to support their success? <input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes, please explain:					
Has the student met the Ontario Literacy Graduation Requirement? <input type="checkbox"/> Yes / <input type="checkbox"/> No						
Does the student belong to the target group as per 'Selection Criteria For Admission to Dual Credit Programs'? (see School Board Application Form Checklist – THIS IS FOR DATA PURPOSES ONLY) <input type="checkbox"/> Yes / <input type="checkbox"/> No						
Is the student currently working towards a Specialist High Skills Major (SHSM)? <input type="checkbox"/> Yes / <input type="checkbox"/> No						
If yes, which SHSM Sector? _____						

PLEASE PRINT CLEARLY

I, _____
 (Name of Student)

Understand the commitment that I am making to the DUAL CREDIT program and have read and agree to the following:

I give my consent to Loyalist College and to my/my child's home school to release the following information (e.g. application information, confirmation of registration, program of study courses, academic records, Individual Education Plan information) as requested, to the Coordinator of DUAL CREDIT Program and the Dual Credit Teacher assigned by the School Board.

Personal information on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used for the application, admission and registration process. Information will be shared with the Ministry of Training, Colleges and Universities and Ministry of Education and may be shared with individuals, organizations and institutions approved by Loyalist College for program monitoring, research, marketing or funding purposes. Personal information will be retained by Loyalist College and permanently linked with student information databases in order to develop and maintain appropriate policies, programs and funding mechanisms. Questions regarding this form should be directed to Loyalist College 613-969-1913 or 1-888-569-2547 extension 2330.

I also hereby authorize Loyalist College to photograph and/or videotape me, and to publish or broadcast such photograph(s) or video(s) of me through various media, including the Internet or multimedia products. I understand and agree that Loyalist College is not responsible for the misuse or alteration of any such photographs and/or videotapes by third parties. I hereby release Loyalist College and any of its officers, directors, agents, employees or servants from any and all actions, claims, loss or causes of action arising from the use or misuse of such images.

To be signed by the individual names above:

 Student's Signature

 Print Student Name

 Date

To be signed by a parent or legally appointed guardian of individuals under eighteen (18) years of age:

 Signature

 Print Name

 Date

To be signed by the Secondary School Guidance Counsellor:

 Name (please print)

 Email

 Phone

 Signature

 Date

Other Comments:



Ministry of Training,
Colleges and Universities

Service Delivery Branch
33 Bloor St. east, 2nd Floor
Toronto ON M7A 2S3

Ontario Youth Apprenticeship Program (OYAP) Participant Application Form

Section 1: Program Participation

Name of School		Preferred First Name	
Last Name		First Name	Middle Initial
Trade/Occupation	TOSS Code (if known)		Ontario Education Number (OEN)
Date of Birth (yyyy/mm/dd)	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Education Level
Home Telephone No.		Business Telephone No.	Cell Telephone No.
Email Address			
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code

Additional Information

Required Documentation Verified

Transcript School Board Verification Form

Notice of Collection of Personal Information and Consent

The Ministry of Training, Colleges and Universities (Ministry) provides funding to your school board to offer OYAP, in part from funds provided by Canada under the Labour Market Agreement ("LMA") between Canada and Ontario.

The goal of OYAP is to increase the high school graduation rate and to increase apprentice registrations to ensure that Ontario has the skilled labour necessary to support growth and attract investment. Your personal information on this form as well as your graduation date will be used by the Ministry to administer and finance OYAP, including monitoring and evaluating OYAP; conducting policy and statistical analysis; and reporting to Canada about the results of OYAP as required under the LMA. The Ministry will collect relevant personal information indirectly from your school board and employer/ sponsor for these purposes and may also disclose your personal information to these organizations. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to OYAP. The Ministry may use the services of auditors, contractors or other third party administrators to administer and finance OYAP.

Depending on your trade, the Ministry collects, uses and discloses your personal information under the authority of the Trades Qualification and Apprenticeship Act, R.S.O. 1990, c. T.17 as amended and R.R.O. 1990, Regulation 1055 or the *Apprenticeship and Certification Act, 1998*, S.O. 1998, c. 22 and O. Reg. 566/99, as amended; and s. 266.3(3) of the *Education Act*, R.S.O. 1990, c. E.2, as amended and s. 2 of O.Reg. 440/0.

Questions about the collection, use and disclosure of this information may be addressed to the Director of Apprenticeship, Ministry of Training, Colleges and Universities, 900 Bay Street, 23rd floor Mowat Block, Toronto, Ontario M7A 1L2 or by phone at 1-800-387-5656.

By signing this form, you give consent to the Ministry to collect, use and disclose personal information about you where relevant to the administration and financing of OYAP.

Signature of Applicant	Signature of Parent (if under 18)	Date (yyyy/mm/dd)
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Section 2: Request for Registration

(To be completed only when applying to be registered as an apprentice)

By completing this section you confirm that the sponsor / employer has been notified that a request for registration is being submitted to the Ministry of Training, Colleges and Universities and that the employer agrees to register the apprentice.

Please check off the box below:

Yes the employer has been notified

Last Name		First Name	Middle Initial
Ontario Education No.		Social Insurance Number	

Sponsor/Employer Information

Sponsor/Employer ID (if known)		Sponsor/Employer Name		Sponsor/Employer Telephone	
Unit No.	Street No.	Street Name			PO Box
City/Town			Province	Postal Code	
Start Date of Coop placement (yyyy/mm/dd)			Hours per week		

Notice of Collection of Personal Information and Consent

Your personal information on this form and in all other communications related to apprenticeship, trade certification and related programs will be used by the Ministry to administer and finance Ontario's apprenticeship and trade certification system (the "System"). The Ministry will collect relevant personal information directly from you and indirectly from your school board, employer/sponsor, training institution and Canada for these purposes and may also disclose your personal information to these organizations. The Ministry may use the services of other Ontario ministries, contractors and auditors to administer and finance the System. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to the System.

Administration includes assessing and verifying your eligibility for apprenticeship; registering you as an apprentice and maintaining your file; providing financial assistance to you and training delivery providers; ensuring that you receive appropriate training; evaluating, monitoring and auditing your progress in your training and the activities of your employer, sponsor and training institution; enforcing your agreements with the Ministry and the legislation set out below; enforcing the agreements between the Ministry and your employer, sponsor and training institution; conducting inspections and investigations; detecting, monitoring and preventing fraud; and conducting policy analysis, evaluation and research related to all aspects of Employment Ontario programs and services, including the System.

The System is partly funded by Canada under Part II of the *Employment Insurance Act* (EIA). Under the Labour Market Development Agreement (LMDA) between Canada and Ontario, the Ministry must collect your social insurance number to provide reports to Canada to allow it to monitor and assess the Employment Insurance Program under s. 3 of the EIA.

The Ministry may disclose your personal information to the Ministry of Labour to enforce workplace health and safety. The Ministry may be required to disclose your personal information to Statistics Canada, under s. 13 of the *Statistics Act*, R. S. 1985, c. S-19, as amended.

The Ministry may disclose your apprenticeship contract or training agreement to any of your employers who need it for purposes of applying for the Apprenticeship Training Tax Credit under s. 89 of the *Taxation Act, 2007*, S.O. 2007, c. 11, Sched. A.

Your personal information is collected under the authority of the legislation set out in the Notice above and the *Occupational Health and Safety Act*, R.S.O. 1990, c. O.1, as amended; the LMDA between Canada and Ontario and ss. 3, 63 and 139 of the *Employment Insurance Act*, S.C. 1996, c.23, as amended, s. 76.29 of the *Employment Insurance Regulations*, S.O.R./96-332, ss. 10, 34(1) and 36(1) of the *Department of Human Resources and Skills Development Act*, S.C. 2005, c. 34; s. 8 of the *Privacy Act*, R.S.C. 1985, c. P-21, as amended; and s. 10.1 of the *Financial Administration Act*, R.S.O. 1990, c. F.12, as amended.

For more information on how the Ministry collects, uses and discloses your personal information, please refer to the contact information in the Notice above.

By signing this form, you give consent to the Ministry to collect, use and disclose personal information about you where relevant to the administration and financing of the System as described above.

Signature of Applicant	Signature of Parent (if under 18)	Date (yyyy/mm/dd)
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