



Ontario Youth Apprenticeship Specialized Programs



STUDENT APPLICATION FORM 2007-2008

The following information is collected under the legal authority of the Education Act, R.S.O. 1980, and the Co-operative Education Policies and Procedures Document, 2000. This information may be accessed by teachers, principals and appropriate support staff to ensure that the student's background and goals are appropriate to the co-op/OYAP option chosen. This form will be retained in the student's file for a minimum of twelve months after completion of the course.

All students intending to participate in the OYAP program must attach a student transcript.

Please Print

Personal Data

Note: All School/College programs under OYAP require that the student be signed as an apprentice by the employer sponsor in order to be eligible for the program.

School		Guidance Contact Person
		Co-op Contact Person
Last Name	First Name	Today's Date
Address		City
Postal Code	Do you have a Social Insurance Number? Yes ____ No ____ (Please see note below)	Health Card Number
Telephone	Birth Date ____/____/____ Day Month Year	Age on Sept 1, 2007

Please Note: A Social Insurance Number (SIN) is required to be eligible for this program. If you wish to include it now, please record in the space provided. _____

Select one of the following OYAP Trade Programs

Cook ____ Carpenter ____
 Automotive Service Technician ____ Hairstylist ____
 Construction Craftworker ____ Early Childhood Educator ____
 Other ____

Students who are accepted into the OYAP Program are required to achieve a minimum of 60% in the college and co-op programs. It is expected that they attend their work placement and college program on a regular basis. The college program may include attending during the March break.



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Please check the boxes if you have any of the following:

City Bus Access Driver's Licence Daily Use of a Vehicle
CPR/First Aid Fall Arrest Training

Computer Skills Please list:

In Event of Emergency Contact:

Name: _____ Relationship _____

Phone number _____

School Information

Present Grade: _____

Current year courses: (Name & Level of course)

Semester 1

1. _____ 2. _____

3. _____ 4. _____

Semester 2

1. _____ 2. _____

3. _____ 4. _____

List Skilled Trades, Technology Courses taken in high school to date: _____

Educational/Career Plans:

Do you plan to complete Grade 12? _____

After high school I plan to: (check one)

Attend a Community College Work Attend University

Enroll in an Apprenticeship Other (specify)



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Work Experience Information (Include your Cooperative Education Experience)

List any part-time or full-time jobs you have had:

Date	Company	Address	Type of Work

Extra Curricular Activities

List any (school) work experience, extra curricular activities or outside organizations you are or were involved in.

Date	Organization	Address	Type of Involvement

Requirements for student admission to specialized programs:

- Must be in your graduating year
- Obtain recommendation by your principal or vice principal and two of guidance counsellor, co-op teacher or technology teacher for a good attitude and attendance record
- Demonstrate competencies in mathematics, science and communications
- Complete the required in-school courses as well as a cooperative education placement
- Agree to work with your cooperative education teacher to find a cooperative education placement that you will be attending while taking the first session of the in-school apprenticeship training. **(The employer must be willing to sign you as an apprentice to be eligible for the program. The employer is not required to pay you as an apprentice during the program.)**
- Agree to attend the college sessions as required to complete the in-school apprenticeship training module
- Maintain passing grades (60%) or better in the apprenticeship training both at the college and the home school
- Attend an interview with a selection committee and agree to the final decision of this committee.



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I understand the requirements and expectations of the program and will abide by them.
I agree to the release of my photo for publicity purposes.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Principal and Teacher References:

Please have the following people serve as your references: Principal or vice principal of your school, and **two of** the following: your guidance counsellor, your technology teacher or your co-op teacher. E-mail addresses are also requested.

Name and Position	Signature	E-mail Address	List three strengths and/or qualities of the student

Note: The student and/or parent allows for the release of confidential information pertaining to the student selection process. A parental signature is required if the applicant is under 18 years of age.

I give my permission to the above references to provide information as requested.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____