



## **EAST KOOTENAY PARTNERSHIP TRANSITION PROGRAMS 2023-2024 YOUTH TRAIN IN TRADES (FORMERLY ACE-IT)**

- ***College of the Rockies***
- ***School District # 5 (Southeast Kootenay)***
- ***School District # 6 (Rocky Mountain)***
- ***School District # 8 (Kootenay Lake – Creston)***

### **Student Application Package**

Please submit completed package to one of the following:

- **Tristan Taylor**  
Transitions Coordinator, COTR  
250-489-2751 x 3380  
250-581-2382
- **Jason Tichauer**  
Director of Student Learning, School District # 5  
250-417-2051
- **Your School Career Education Coordinator or Counsellor**

**For more information, please contact:**

**250-489-2751 (x 3380) or 250-581-2382 or E-mail [ttaylor@cotr.bc.ca](mailto:ttaylor@cotr.bc.ca)**

## YOUTH TRAIN IN TRADES YTT (formerly ACE-IT)

### Introduction

TRAIN is a dual credit program where a secondary school student can receive grade 12 credits towards graduation while enrolled in a Foundation Trades Training Program at the College of the Rockies. The purpose is to provide the opportunity for earlier entry into an apprenticeship and technical training. Much of the cost of the tuition for the college trade training is subsidized by the school district through monies received from Skilled Trades BC (Industry Training Authority of BC).

### REQUIREMENTS

- A completed application including all the required signatures from school counsellor(s), parent(s) or Guardian(s), and applicant;
- The student must be registered with a school district that participates in the program;
- An approved plan for completion of grade 12 graduation requirements and a defined career pathway that includes this training developed with a school counsellor prior to graduation;
- Age at entry into TRAIN is under 19 years;
- Age at completion is under 20 years;
- A cheque payable to the College of the Rockies for \$200 in order to hold a seat and set up a tuition credit that is good for one year.
- Student-For-A-Day to meet instructor(s) and try out the shop.

It is recommended that the interested student do the following:

1. Apply at least five months prior to the entry date in order to secure a seat.
2. Have a Grad Plan that includes the five mandatory courses required for graduation (a Language Arts 11; a Social Studies 11 or 12; a Math 11 or 12; a Science 11 or 12; and a Language Arts 12), ideally all successfully completed prior to entry into TRAIN.
3. Try to get some Work Experience in the trade of interest, be it volunteer or paid in order to gain some hands-on experience.
4. Work on developing the Essential Skills required for success in the trade.
5. Improve literacy and numeracy skills to one's maximum potential.

### MORE INFORMATION

YTT: <https://skilledtradesbc.ca/youth-train-in-trades-program>

Foundation Trades Training : <https://skilledtradesbc.ca/foundation-programs>

Transition Programs: <http://cta.sd5.bc.ca/>

College of the Rockies Trades: <http://www.cotr.bc.ca/trades/>

## TRAIN Application Process and Checklist

**NAME:** \_\_\_\_\_ **SCHOOL\*:** \_\_\_\_\_  
(\*student must be registered in a participating school/district by June 1 of the school year preceding entry)

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Birthdate: (day/month/year)** \_\_\_\_\_ **PEN #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Gender:** M \_\_\_\_\_ F \_\_\_\_\_ Other \_\_\_\_\_

**Trade training program applying for:** \_\_\_\_\_ **Start date:** \_\_\_\_\_

**Did you participate in Discover Trades Program in grade 9?** YES  NO

Please check if INDIGENOUS YES  NO

The following checklist outlines the steps you need to complete in order to be eligible for entry into YTT (Youth Train in Trades):

- \_\_\_ 1. A completed and signed Application Form (page 5).
- \_\_\_ 2. A typed explanation of your transition plan after graduation: why you are interested in and suited for this program (page 4).
- \_\_\_ 3. A copy of your latest resume.
- \_\_\_ 4. A transcript of your secondary school courses and marks, signed by a counsellor, in order to demonstrate the ability to complete all requirements for graduation.
- \_\_\_ 5. A letter signed by the counsellor (page 6).
- \_\_\_ 6. A deposit of \$200, payable to College of the Rockies, to reserve a seat in the training program. The money will become a tuition credit for the student.
- \_\_\_ 7. A signed Responsibility Agreement Form (page 7).
- \_\_\_ 8. A signed Permission to Release Information Form (page 8).
- \_\_\_ 9. A completed Student Information Release Authorization (page 9).
- \_\_\_ 10. An interview with the Transitions Coordinator.
- \_\_\_ 11. A visit to the College to meet the training instructor and be a Student-For-A-Day (SFAD).



Name: \_\_\_\_\_

Please **circle the program and start date** for which you are applying:

<b>TRAIN Program</b>	<b>Start Date</b>	<b>Number of weeks</b>
Auto Service Technician	September	30
Carpenter	September	24
Cook (Professional Cook 1)	September	28
Electrician (Construction)	August	24
Electrician (Construction)	February	24
Hairstylist	September	44
Heavy Duty Equipment Technician	September	36
Industrial Mechanic (Millwright)	September	24
Welder	September	28
Welder	January	28

To see the latest trades training schedule, go to: <http://www.cotr.bc.ca/trades/trades-Schedule.asp>

Credits granted through successful completion of the TRAIN program combined with the credits received within your graduation path should result in meeting British Columbia graduation requirements. It is imperative that a Grad Check has been done to alleviate any concerns and can be confirmed by your school counsellor.

**NOTE: One week of trades training is 28 hours and generates one high school credit.**

## TRANSITION PLAN

1. What are your career plans for after graduation?
2. Why are you interested in this trade?

### 3. Interests and experiences

Trade area applying for: \_\_\_\_\_.

Please describe any experience (paid work, school courses, volunteering, and hobbies) that relate to this trade. Explain also why you are interested in this trade. And describe why you feel that you are suited for this program in terms of commitment, skills, and maturity

**(Please attach a typed response for questions 1, 2, and 3)**

### 4. Education

What courses do you need to complete in order to graduate?

\_\_\_\_\_

What math and science courses have you taken and passed?

\_\_\_\_\_

**(Please attach a transcript of your secondary school courses and marks!)**

### 5. References

Please indicate two references (one should be a teacher, the other an employer) whom we can contact.

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Position: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Position: \_\_\_\_\_

### 6. Signatures

Signed: \_\_\_\_\_ (student)

Signed: \_\_\_\_\_ (parent)

Date: \_\_\_\_\_



**To:** East Kootenay Educational Partnership

**From:** Secondary School Counsellor \_\_\_\_\_

**Date:** \_\_\_\_\_

This is to verify that \_\_\_\_\_ (print student's name) has discussed his/her application for a TRAIN Program in \_\_\_\_\_ (Trade).

\_\_\_\_\_ (student's name) has the readiness in terms of maturity, essential workplace skills, and desire to succeed in this industry training program.

I have checked the student's Graduation Plan and can verify that he/she can complete graduation requirements with the credits earned through the TRAIN Program.

I have checked the student transition plan and verify that entry into the TRAIN program is part of the graduation plan for this student.

Yours,

(signature of counsellor)

**ADDITIONAL COMMENTS:**

---

---

---

## EAST KOOTENAY PARTNERSHIP

### Responsibility Agreement – TRAIN Programs

This is an agreement between you (the student) and the East Kootenay Partnership which consists of the College of the Rockies, School Districts # 5, #6, and #8. Its aim is to make our shared responsibilities clear as we work towards successful completion of your training.

#### College of the Rockies/School District Responsibilities

- Inform you of the requirements specific to your program
- Help you formulate an Educational Plan for grades 11-12 and a Graduation Transitions Plan
- Encourage you to be proactive in informing the Partnership of any specific learning needs
- Liaise with parents, high school teachers and counsellors regarding your progress and participation
- Ensure that you are registered with Industry Training Authority and the College of the Rockies
- Waive the registration fee at the College of the Rockies
- Provide marks and credits (up to 24 credits for 24 weeks of training) for completion of your grade 12 graduation once Level I training is successfully completed (see page 3)
- Provide tuition subsidy of \$1,800 or more where applicable
- Provide guidance and support to get you workplace-based training in your trade area
- Make you and your parents aware of scholarship opportunities.

#### Student Responsibilities

- **Pay for books and required tools as well as any tuition fees that exceed the school district grant**
- Understand that attendance and punctuality are mandatory at the College of the Rockies
- Meet the program's homework and study expectations
- Successfully complete all other courses required for grade 12 graduation in a timely fashion
- Make a deposit of \$200 in order to reserve a seat in your chosen program
- Provide your own safety and support materials
- Follow the College of the Rockies' and the School District's Code of Conduct
- Communicate any difficulties to the Transitions Coordinator
- Participate in a Math or English upgrade program if necessary
- Make all reasonable efforts to get hands-on work experience in chosen trade area

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION TO RELEASE INFORMATION FORM

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

(Month/Day/Year)

### To Admissions/Registration Office:

\_\_\_\_\_ Secondary School has my permission to access my student records, attendance, achievement and any information for, or pertaining to, my enrolment at College of the Rockies for the following period of time while I am a student in a Transitions Program.

From \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Signature of Student: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_



## STUDENT INFORMATION RELEASE AUTHORIZATION

**Enrolment Services**  
2700 College Way,  
PO Box 8500  
Cranbrook BC V1C 5L7

Tel. (250) 489-8237  
Toll Free 1-877-489-2687 x 3237  
Fax (250) 489-8219  
Email: [reghelp@cotr.bc.ca](mailto:reghelp@cotr.bc.ca)

In compliance with the Freedom of Information and Protection of Privacy (FOIPOP), the College of the Rockies (COTR) is generally prohibited from providing certain information from your student records to a third party, such as information on grades, invoices, financial aid (including scholarships, grants, or loan amounts) and other student record information. This restriction applies, but is not limited to, your parents (under certain circumstances), your spouse, or a sponsor. It may be important for these individuals to be able to access such information, especially if they play a key role in financing your education.

You may, at your discretion, grant the College permission to release information about your student record to a third party by submitting a completed *Student Information Release Authorization* form to the Registrar's Office. The specified information will be made available only if requested by the authorized third party. The College does not automatically send this information to the third party. Authentication of the caller will be required before release of this information by telephone.

Submit your completed form to the COTR Registrar's Office at the address given above. Please note that your authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by submitting this request to the Registrar's Office.

**Student Information** (Please print all information below):

\_\_\_\_\_  
*Name (first, middle initial, last)*

\_\_\_\_\_  
*Student Number*

**Please check one or more of the boxes below to grant authorization of information specified:**

- Grades/GPA, personal information, enrolment, academic progress status and other information related to academics
- Invoices, charges, credits, payments, past due accounts, and/or collection activity
- Financial aid awards, application data, disbursements, eligibility and/or financial aid satisfactory academic progress status, College-maintained loan disbursements and loan repayment history
- Tuition, Education, and Textbook Amounts Certificate (T2202A form)
- I WISH TO REVOKE** my authorization to release information to the designate mentioned below

**Authorized Designate(s):**

\_\_\_\_\_  
*Name of Designate (first, middle initial, last)*

\_\_\_\_\_  
*Relationship to Student*

To ensure security of your student record, please have your designate\*\* (e.g. parent or spouse) provide two security questions and answers. This information will be kept on your file and COTR staff will only provide information you have agreed to release to the person who can provide answers to those questions.

**Authentication questions and answers:**

Question #1: \_\_\_\_\_

Answer #1: \_\_\_\_\_

Question #2: \_\_\_\_\_

Answer #2: \_\_\_\_\_

**\*\*Sponsors are required to relay the details of the sponsorship and the name of a contact person.**

**Certification**

I acknowledge that this authorization starts as of the date this form is signed and has no expiration date, however, I can revoke the authorization at any time by submitting a written request to the Registrar's Office. By signing this form, I authorize the College of the Rockies to release the information specified to the person(s) listed above. The purpose of this authorization is to assist the person(s) in supporting me (financially or otherwise) in connection with my College of the Rockies education.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

# Photography / Video / Copyright RELEASE FORM

I, \_\_\_\_\_, do hereby give the College of the Rockies permission to use, in any way they deem fit, the item/image/video/logo described as \_\_\_\_\_

I hereby release all rights and future claims to the aforementioned item. These images may appear in any of the wide variety of formats and media including, but not limited to, print, broadcast, videotape, CD-ROM, DVD, and electronic/online media.

## **For Parents/Guardians Only**

Please print clearly

I, \_\_\_\_\_, do hereby give the College of the Rockies permission to use, for publicity and/or promotion, the video/photograph of myself and/or my son/daughter/ward named \_\_\_\_\_.

Name: (Please Print) \_\_\_\_\_  
I am 18 years of age or older)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **FOR MORE INFORMATION:**

Heather Jackson, Manager of Communications and Marketing  
College of the Rockies | Box 8500 | Cranbrook BC V1C 5L7  
Phone: 250-489-2751 x 3258 | Fax: 250-489-1790  
Email: [jackson@cotr.bc.ca](mailto:jackson@cotr.bc.ca)



## What to expect from your Student for a Day (SFAD) experience?

### You will have an opportunity to:

- see the shop facilities and tour the campus
- meet the instructor and ensure you have the necessary prerequisites
- find out what personal safety equipment, tools, and books you will need
- talk to other YTT students
- engage in some hands-on activities depending on your readiness and what's being taught in class that day
- get a free lunch
- find out the schedule for your future classes

### Please bring/wear:

- steel-toed boots
- safety glasses
- long pants
- no synthetic clothing if going to welding
- an open and inquisitive mind
- positive attitude

### To book your “Student for a Day” please contact the Recruitment Office:

- Jennifer Inglis 250-489-2751 x 3383
- Kristy Brons 250-489-2751 x 3329
- [recruit@cotr.bc.ca](mailto:recruit@cotr.bc.ca)
- **PLEASE INCLUDE AN INDICATION OF WHEN YOU MIGHT BE AVAILABLE TO DO STUDENT FOR A DAY**



# APPLICATION FOR ADMISSION YOUTH TRAIN IN TRADES (YTT) STUDENT APPLICATION

## Admission/Registration

Box 8500, 2700 College Way, Cranbrook, BC V1C 5L7  
Tel. (250) 489-8239 or 1-877-489-2687 local 3239 | Fax (250) 489-8219

PERSONAL DATA					
COTR Student ID. 	HAVE YOU PREVIOUSLY ATTENDED COTR <input type="checkbox"/> YES <input type="checkbox"/> NO			Social Insurance Number 	
Legal Last Name	Legal First Name	Middle Name		Former Last Name	
Telephone Number(s)  HOME ( ) _____  WORK ( ) _____  OTHER ( ) _____		<b>All official COTR correspondence will be mailed to the permanent home address unless specified otherwise.</b>			
<b>Permanent Home Address</b>					
		City/Town	Province	Postal Code 	
<b>Local Address</b>					
		City/Town	Province	Postal Code 	
DATE OF BIRTH YR   MO   DAY		GENDER <input type="checkbox"/> M <input type="checkbox"/> F  (See attached)		<b>E-mail Address</b>	
CITIZENSHIP					
		<input type="checkbox"/> CANADIAN CITIZEN		<input type="checkbox"/> PERMANENT RESIDENT (LANDED IMMIGRANT)	
		<input type="checkbox"/> INTERNATIONAL STUDENT		COUNTRY OF CITIZENSHIP _____	
<b>VOLUNTARY DECLARATION</b>					
Are you of Indigenous Ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, check all that apply:					
<input type="checkbox"/> First Nations		<input type="checkbox"/> Métis		<input type="checkbox"/> Inuit	
		<input type="checkbox"/> Status		<input type="checkbox"/> Non-status	
Who should COTR contact in case of emergency? Name _____ Phone Number ( ) _____					
<b>For Students With Disabilities</b>					
To support you more effectively during your studies at College of the Rockies, please notify the Disabilities Coordinator in Student Services who will then contact you regarding your particular needs. <b>All information received is confidential. Please contact: (250) 489-8283</b>					
PROGRAM APPLICATION					
PROGRAM APPLIED FOR AT COTR: _____					
CAMPUS:		<input type="checkbox"/> CRANBROOK		<input type="checkbox"/> INVERMERE	
		<input type="checkbox"/> GOLDEN		<input type="checkbox"/> FERNIE	
		<input type="checkbox"/> CRESTON		<input type="checkbox"/> KIMBERLEY	
DATE YOU WISH TO START: _____					
EDUCATIONAL BACKGROUND					
LAST HIGH SCHOOL ATTENDED		LOCATION: (City & Province)		From: (year) _____ To: (year) _____	
		DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PROVINCIAL EDUCATION NUMBER (PEN) 		YTT Coordinator _____  Signature			
DECLARATION					
I declare that the information contained in this application is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.					
I understand and agree that acceptance of this application in no way guarantees admission to the program or course. The application is subject to the availability of seats.					
I understand and agree that the College reserves the right to modify or cancel any program or course without notice or prejudice.					
I understand that personal and group photographs and images may be used by the College of the Rockies to advertise and promote its programs and services. I agree that the College maintains copyright and ownership of such photographs, images, negatives and advertising materials. I waive all moral rights to the use of such personal photographs, images, negatives and advertising materials and agree not to sue the College of the Rockies with respect to these moral rights.					
SIGNATURE OF APPLICANT _____				Date _____	