

Youth Train in Trades

North Vancouver School District – Professional Cook 1

Application Package

This program introduces students to professional kitchen operations, cooking fundamentals, baking, butchery, and café service while building teamwork, communication, and time-management skills.

Upon successful completion, students will earn the following:

- 30 Vancouver Community College credits
- 20 High School Credits
- Level 1 Red Seal Certification

Program components

- Technical training comprised of class-based theory and related practical work
 - Kitchen Orientation
 - Culinary Techniques
 - Garde Manger and Breakfast
 - Baking Techniques
 - Butchery and Meat Cutting
 - Production Kitchen

To participate in this program, a student must:

- Be in grade 11 or 12
- Be a Canadian citizen or Permanent Resident
- Have parent/guardian support and permission
- Be willing to attend classes at a different site from your present home school (program location: Carson Graham Secondary School)
- Be willing to pay for personal equipment/tools, industry manuals and safety gear as required by program standards
- Be responsible for his/her own transportation arrangements to the program site for the entire length of the program
- English 10 or any Language Arts 11
- Workplace/ Foundations Math 10 or 11
- Ability to work in a fast-paced, multi-tasking environment
- Food Safe Level 1 – to be completed before the start of program, if accepted
- Complete the district application package. See checklist on following page.

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Youth Train in Trades - Professional Cook 1 Checklist

Step #1 -> Submit application package to include:

- Checklist
- Youth in Trades/Dual Credit Application Form
- Student Self Evaluation Form
- Student Transition Plan
- Teacher Reference Form
- Employer Reference Form
- Essential Skills Assessment Form
- Community Field Experiences Consent Form
- Acknowledgement of Fee Structure
- Personal Information Consent - Secondary Form
- Student Medical Form
- Diploma Verification Report and Attendance Profile (from Counsellor)
- Current Resume
- VCC Youth Train in Trades Registration Form
- SkilledTradesBC Registration Form

Step #2 -> Forward package to:

District Principal, Careers Education
Learning Services
Education Services Centre, 2121 Lonsdale Avenue
North Vancouver, BC V7M 2K6

Step #3 -> Attend interview.

Step #4 -> Wait to receive an acceptance letter, wait-list notification or decline notice.

INTERNAL USE ONLY	
Student Name:	
School:	
Canadian Citizen/Landed Immigrant:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Program Location:	Carson Graham Secondary
Program Start Date:	September 2026
Program End Date:	June 2027

Youth in Trades/Dual Credit Application Form

STUDENT INFORMATION - please print clearly

Legal First Name:		Legal Last Name:	
Usual Name:		Middle Name:	
PEN:		Student #:	
Street Address:		City, Postal Code:	
Phone / Cell #:		Email Address:	
Citizenship:		Date of Birth (DD/MM/YYYY):	
School:		Grade:	
Counsellor:		Career Program Advisor:	

Please select the program you are applying for below:

Dual Credit	
<input type="checkbox"/>	Early Childhood Education Assistant (Langara College)
<input type="checkbox"/>	Health Care Assistant - (VCC Broadway)
<input type="checkbox"/>	Medical Laboratory Assistant (VCC Broadway)

Youth Train in Trades:

Program Start Date: _____	Program End Date: _____
<input type="checkbox"/> Aircraft Maintenance Engineer (BCIT Richmond)	<input type="checkbox"/> Auto Body Repair & Refinishing (BCIT Burnaby)
<input type="checkbox"/> Auto Collision and Refinishing (VCC Broadway)	<input type="checkbox"/> Auto Technician (BCIT Burnaby)
<input type="checkbox"/> Baking (VCC Downtown)	<input type="checkbox"/> Cabinetmaker (Joiner) (BCIT Burnaby)
<input type="checkbox"/> Carpentry Framing and Forming (BCIT Burnaby)	<input type="checkbox"/> Electrical (BCIT Burnaby)
<input type="checkbox"/> Hairstylist (VCC Downtown)	<input type="checkbox"/> Heavy Mechanical Trades (BCIT Burnaby)
<input type="checkbox"/> Heavy Mechanical Trades (VCC Broadway)	<input type="checkbox"/> Machinist (BCIT Burnaby)
<input type="checkbox"/> Marine Mechanical Technician (BCIT Annacis Island)	<input type="checkbox"/> Metal Fabricator (BCIT Burnaby)
<input type="checkbox"/> Millwright (BCIT Burnaby)	<input type="checkbox"/> Motorcycle Technician (BCIT Burnaby)
<input type="checkbox"/> Piping (BCIT Burnaby)	<input type="checkbox"/> Professional Cook 1 (VCC hosted at Carson Graham Secondary)
<input type="checkbox"/> Welder (BCIT Burnaby)	<input type="checkbox"/> Other: _____

Student Application Acknowledgement:

Student Acknowledgement - I certify that all the statements made in this application are true and complete:

Student Signature: _____	Date (DD/MM/YYYY): _____
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Parent/Guardian Information and Application Acknowledgement

Parent/Guardian Name: _____	Email Address: _____
Phone / Cell #: _____	Work #: _____
I hereby grant my child permission to participate in this program through the North Vancouver School District and understand that transportation for this program is my responsibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby acknowledge that I am aware of all program costs not covered by the North Vancouver School District :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Signature: _____	Date (DD/MM/YYYY): _____

INTERNAL USE ONLY - to be completed by District Principal, Career Education

<input type="checkbox"/> Accept	<input type="checkbox"/> Decline	<input type="checkbox"/> Waitlist	Signature: _____	Date: _____
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Youth Train in Trades - Professional Cook 1

Student Self Evaluation

Student Name: _____ Date: _____

Youth Train in Trades Program: _____ Program Location: _____

This program offers an opportunity to gain valuable experience in the community. You will be representing yourself, the school district and the program while participating in Youth Train in Trades.

By providing the following information about yourself and completing the written section on the second page, you will assist us in assessing your suitability for the program.

Please check the most appropriate frequency you demonstrate each of the following traits:

I demonstrate:	Always	Usually	Sometimes	Seldom	Not applicable
positive attitude and I'm enthusiastic to learn and participate					
willingness to take initiative					
ability to be cooperative and work well with others					
sensitivity and show consideration towards others					
honesty, and respect confidentiality					
attentiveness, and I am able to listen and follow directions					
ability to speak clearly and audibly					
appropriate questioning and can articulate thoughts, or ideas					
clear and concise writing with few errors					
ability to concentrate on tasks assigned					
ability to complete projects and assignments accurately and within time lines					
ability to use the technology specific to the workplace					
understanding of appropriate dress and grooming for work and school					
ability to observe the program safety rules and regulations					
respect for, and abide by, company policies related to break times and hours of work					

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Youth in Trade Programs

Student Transition Plan Professional Cook Level 1

Student Name _____ Date _____ Grade _____

A. Following the Professional Cook Level 1 program, what are your plans?

<input type="checkbox"/> Apprenticeship and further technical training	<input type="checkbox"/> University/College (field of study?) _____
<input type="checkbox"/> Employment	<input type="checkbox"/> Other: _____

B. Please answer the following questions:

1. What experiences have you had that lead you to feel this career, or a career in the trades, is suited to you? (Personality traits, volunteer experiences, related jobs, extra curricular activities, research, conversations with people, etc.)

2. Why do you wish to take part in this program?

3. What are some skills, talents, strengths and interests you have that relate to this field?

Youth in Trade Programs

Student Transition Plan Professional Cook Level 1

4. Describe your attendance and work habits at school and/or work:

5. What do you understand about the work and expectations of a professional cook?

6. Once you become a Level 1 professional cook, what kind of kitchen or workplace do you see yourself working in?

Youth in Trade Programs

Student Transition Plan Professional Cook Level 1

D. Please list the courses you have or plan on taking in your grade 10,11 and 12 year that will lead you towards being successful in the trade of interest or ask Counsellor for Diploma Verification form.

TO BE COMPLETED BY SCHOOL COUNSELOR

REQUIRED COURSES to graduate (please complete the appropriate columns)	Name of course	Completed	Currently Enrolled	To be enrolled (Date Enrolled)	Location
CLE 10					
Language Arts 10					
Language Arts 11					
Language Arts 12					
Math 10					
Math 11 or 12					
Arts Education and/or Applied Design, Skills and Technology 10,11 or 12					
Social Studies 10					
Social Studies 11 or 12					
a Science 10					
a Science 11 or 12					
Physical Education 10					
an Indigenous-focused course					
CLC 12					
Elective Courses: Students must earn at least 28 elective credits from Grade 10-12 and at least 16 credits must be at Grade 12 level, including a required Language Arts 12 and CLC. Please list your elective courses below. Include any DUAL CREDIT COURSES in your predicted credit count. It is recommended that students have at least 16 credits above dual credit courses.					
Elective					
Required Assessments:					
Grade 10 Literacy Assessment					
Grade 10 Numeracy Assessment					
Grade 12 Literacy Assessment					

Participating in a **Youth Train Program** may mean travelling to other schools in the district or in West Vancouver or attending a Post-Secondary Institute. Participating in the **Youth Work in Trade Program** may mean student will need to have a **course schedule that allows for a full morning, full afternoon or full day off**. Considerations need to be made in linear and semester systems.

I have discussed the completion of my transition plan with my parent(s)/guardian(s)

Student signature: _____	Date: _____
Parent signature: _____	Date: _____
Counselor signature: _____	Date: _____

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Youth Train in Trades - Professional Cook 1

Teacher Reference Form

Student Name: _____ Date: _____

Youth Train in Trades Program: _____ Program Location: _____

This student has applied for the Youth Train in Trades program. Student participants will be awarded credits for graduation as well as level 1 technical training toward their apprenticeship.

Please assist in the selection process by providing the following information about the student and by giving frank comments that will assist in the placement of those students who might benefit from such a program.

Please check the most appropriate frequency demonstrated by this student for each of the following traits:

This student demonstrates:	Always	Usually	Sometimes	Seldom	Not applicable
positive attitude and is enthusiastic to learn and participate					
willingness to take initiative					
ability to be cooperative and work well with others					
sensitivity and show consideration towards others					
honesty, and respect confidentiality					
attentiveness, and is able to listen and follow directions					
ability to speak clearly and audibly					
appropriate questioning and can articulate thoughts, or ideas					
clear and concise writing with few errors					
ability to concentrate on tasks assigned					
ability to complete projects and assignments accurately and within time lines					
ability to use the technology specific to the workplace					
understanding of appropriate dress and grooming for work and school					
ability to observe the program safety rules and regulations					
respect for, and abide by, company policies related to break times and hours of work					

	Excellent	Good	Fair	Poor
This student's overall attitude is:				

Youth Train in Trades - Professional Cook 1 Employer or Volunteer Reference Form

Student Name: _____ Date: _____

Youth Train in Trades Program: _____ Program Location: _____

This student has applied for the Youth Train in Trades program. Student participants will be awarded credits for graduation as well as level 1 technical training toward their apprenticeship.

Please assist in the selection process by providing the following information about the student and by giving frank comments that will assist in the placement of those students who might benefit from such a program.

Please check the most appropriate frequency demonstrated by this student for each of the following traits:

This student demonstrates:	Always	Usually	Sometimes	Seldom	Not applicable
positive attitude and is enthusiastic to learn and participate					
willingness to take initiative					
ability to be cooperative and work well with others					
sensitivity and show consideration towards others					
honesty, and respect confidentiality					
attentiveness, and is able to listen and follow directions					
ability to speak clearly and audibly					
appropriate questioning and can articulate thoughts, or ideas					
clear and concise writing with few errors					
ability to concentrate on tasks assigned					
ability to complete projects and assignments accurately and within time lines					
ability to use the technology specific to the workplace					
understanding of appropriate dress and grooming for work and school					
ability to observe the program safety rules and regulations					
respect for, and abide by, company policies related to break times and hours of work					

	Excellent	Good	Fair	Poor
This student's overall attitude is:				

Youth Train in Trades - Professional Cook 1 Essential Skills Assessment

How well you do on this assessment or "quiz" does not determine whether you will be accepted into this program. However, it does point out your strengths and areas you will need to improve on to succeed in this program - your ability to reflect on the results is important.

Instructions:

- Go to the website: <https://www.canada.ca/en/services/jobs/training/initiatives/skills-success/tools/self-assessment-trades.html>
- **Print a copy of the survey, complete and submit with your application package.**

You are encouraged to complete, mark and submit, the following assessment to further indicate your strengths and stretches on skills required to be successful in the trades. Do not worry about the results - this is simply a baseline for you to reflect upon and outlines what you need to focus on to be successful. The answer key is included - do yourself a favour and complete the test, then mark it! Remember that the results do not matter - but try your best!

Essential Skills Workbook for the Trades (canada.ca):

https://www.canada.ca/content/dam/esdc-edsc/images/services/jobs/training/initiatives/skills-success/tools/wp-167-workbook/WP-167_Workbook_FINAL_EN.pdf

If your application is accepted:

- I understand that my acceptance into this program is contingent upon my completion of the Package and a successful interview with School District #44 staff.
- I am committed to the full and active participation in the Youth Train in Trades program.
- I will seek assistance from my Career Programs Advisor and Counsellor to ensure I meet all program requirements.
- I, along with my parent/guardian, will attend all North Vancouver School District meeting(s) needed to discuss various aspects of the program.
- I agree to conduct myself in a professional and responsible way.

Student Signature:

Date:

Parent/Guardian Signature:

Date:

Career Program Advisor Signature

Date:

Counsellor Signature:

Date:

Youth Train in Trades - Professional Cook 1 Community Field Experiences Consent Form

Dear Parent/Guardian,

Over the course of the year, the students in North Vancouver's Industry Training Programs will be leaving school grounds for a variety of **community field experiences** related to program curriculum and trades component.

In most cases, transportation will require students to walk supervised and unsupervised to local facilities. In other cases, public transit will be used. Students will be responsible for the cost of their fare when using public transit.

Please sign below to give permission for your son/daughter to participate in these Community field experiences.

Student Name: _____ Age: _____
School: _____ Grade: _____

I hereby give my son/daughter permission to participate in the Youth Train in Trades community field experiences.

Parent/Guardian Name: _____ Email Address: _____
Cell #: _____ Work #: _____
Address: _____ City, Postal Code: _____
Parent/Guardian Signature: _____ Date: _____

Print Form

Youth Train in Trades - Professional Cook 1 Acknowledgment of Fee Structure

Professional Cook 1	
Student Name:	
Post Secondary Program/Course:	Professional Cook 1
Program/Course Start Date:	September 9, 2026
Program/Course End Date:	June 25, 2027
Post Secondary Institution:	Vancouver Community College (VCC) hosted at Carson Graham Secondary
Fees for the 2026/2027 school year:	\$800

Upon admission to the **Professional Cook 1 Program**, the North Vancouver School District will assume responsibility for the tuition cost of the program.

All other costs, including program and application fees, the costs for tools, equipment and other required learning resources and materials for participation in the program are the responsibility of the parent/guardian.

Transportation to and from the program location is the responsibility of the parent/guardian.

By signing below, I confirm that I have read and understood the fee structure and my responsibilities with regard to my child's enrollment in the Professional Cook 1 Program.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date : _____

Print Form

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Personal Information Consent for School District Publications – Secondary School Year: 2025-2026

The North Vancouver School District is committed to maintaining the privacy of students and collects, uses and discloses student personal information in accordance with the *Freedom of Information and Protection of Privacy Act* and the *British Columbia School Act*. The school district seeks consent for any collection, use or disclosure of personal information not authorized by this legislation.

From time to time, the school district engages with the community through social media, online channels, print publications, external media outlets and through the publication of yearbooks, class pictures (and other student memorabilia) and newsletters. The school district may do so for a variety of reasons, including for the purposes of promoting or increasing understanding about the school district's programs and activities, to inform and connect with families and the school community, to recognize and encourage the achievements of students and staff, to foster school spirit and unity, and to build community support for public education.

The school district is seeking your consent to collect, keep, use, edit, reproduce and share photographs, recordings, videos, images, work product and/or the name of the student identified below ("Student") or descriptions of their achievements (collectively the "Data and Images") to use on school or school district website(s) or social media sites, district publications, e-newsletters, yearbooks, posters or other print or digital material that may be shared within and outside the community for the purposes described above.

This consent only applies to the school district's own collection, use and disclosure of the Student's Data and Images. It does not apply to third parties or external media outlets who may create or collect images or student information without notice to or authorization from the school district. If you have concerns about the Student's potential exposure to such third parties or media outlets (e.g., on field trips or when attending school district events that are open to the public), please feel free to raise them with your school principal.

Student Information

Student Legal Name*: (First Name) _____ (Last Name) _____

MyEd BC Student #: _____

(Can be obtained by your school's office if you don't know. This is NOT the student PEN number.)

Informed Consent

For parents/legal guardians who have court orders describing their parental rights, this section should be completed by a parent/legal guardian who has the right to exercise the student's privacy protection rights.

Parent/Guardian Name*: (First Name) _____ (Last Name) _____

Please select one only: *

I GIVE MY CONSENT for the school or school district to collect, keep, use, create, copy, modify, edit, transpose, publish, display and share the Student's Data and Images as described above. I understand images and information posted on the Internet may be stored and accessed outside Canada and subject to distribution and use beyond the control of the school or the school district. This consent is effective immediately.

I DO NOT GIVE MY CONSENT to the use or disclosure of the Student's Data and Images for the purposes described above.

This consent may be withdrawn at any time by providing notice in writing to the Student's school. Consent cannot be withdrawn for any previously printed or published material. Unless withdrawn, this consent will remain in effect until September 30 of the next school year. If you do not complete and return this form, the Student's Data and Images will not be used for the above purposes.

Both the Parent/Guardian and Student should sign this form. However, under the *Freedom of Information and Protection of Privacy Act*, students of high school age are generally considered to have legal capacity to provide this consent on their own behalf. Therefore, in the event of inconsistency, the school district may be obliged to defer to the wishes of the Student.

Parent/Guardian Signature*: _____ Date (DD-MMM-YYYY): _____

Student Signature*: _____ Date (DD-MMM-YYYY): _____

Parent/Guardian Contact Information (for contact related to this notice):

Phone*: _____

Email* (Please Print Clearly): _____

Privacy Notice: All personal information collected by the school district is collected under the authority of section 26 of the *Freedom of Information and Protection of Privacy Act* and the *British Columbia School Act*. For further information about how the school district protects and manages personal information, please contact the Office of the Secretary Treasurer by phone 604.903.3444 or email secretarytreasurer@sd44.ca.

Student Medical Form

Name of Student: _____ Grade: _____

School: _____

Care Card Personal Health No.: _____ Birth Day (d/m/y): _____

Family Doctor: _____ Dr. Phone: _____

Name of Parent/Guardian: _____

Address: _____ Postal Code: _____

Phone (Home): _____ (Work): _____ (Cell): _____

Please note any health condition or other factors that require support for participation in this program:

Has the student had a previous injury that would require special first aid treatment should another injury occur?

The student has received the regular immunization program administered in BC for: Diphtheria; Pertussis & Tetanus (DPT); Tetanus and Diphtheria (TD); Polio; Measles, Mumps and Rubella (MMR)

Yes No If no, please explain: _____

Does the student wear Contact Lenses: Yes No

Student is subject to:

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Enuresis (bed wetting) | <input type="checkbox"/> Kidney problems | <input type="checkbox"/> Severe allergies/anaphylaxis
(*provide details below) |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Eye infections | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Fainting | <input type="checkbox"/> Muscle Pulls | <input type="checkbox"/> Sleep walking |
| <input type="checkbox"/> Dislocations | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Sprains |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Headaches | <input type="checkbox"/> Seizures | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Ear ache | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sensitive Skin | |

Other conditions and/or *further detail (describe below)

Alternate Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of emergency, I hereby give permission to the physician selected by the supervisor(s) to provide necessary treatment for my child.

Parent/Guardian Signature: _____ Date: _____

THIS INFORMATION WILL BE KEPT ON FILE

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Youth Train in Trades Application Form

Downtown campus
250 West Pender
Vancouver, B.C. V6B 1S9

Broadway campus
1155 East Broadway
Vancouver, B.C. V5T 4V5

p: 604.871.7000
f: 604.871.7100
e: youthintradetrades@vcc.ca
VCC.ca

Youth Train in Trades is a government-funded program providing both high school credits and a head start to completion of an apprenticeship program.

1. Personal information

I already have a VCC student number: Yes No

If yes, please enter your number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Student ID

.....
Last name (family name)

.....
First name

.....
Address

.....
City

.....
Province

.....
Postal code

.....
Phone

.....
Email

2. Citizenship

Gender: Female Male Other

Are you a Canadian citizen? Yes No

.....
Birthdate (DD/MM/YYYY)

.....
Birth country

.....
Citizenship country

.....
Native language

.....
Your status and citizenship/visa or Permanent Resident identification number

.....
Issue date (DD/MM/YY)

.....
Expiry date (DD/MM/YY)

3. Indigenous Students

Do you identify yourself as a Canadian Indigenous person? Yes No

If yes, select one or more option that best describes your Indigenous identity: First Nations (Status or non-Status) Métis Inuit Indigenous

Your Nation: Please contact me regarding Aboriginal student support and services

4. Emergency Contact Information

.....
Name

.....
Relationship to you

.....
Email

.....
Phone

5. Declaration (mandatory)

1. I understand that submission of this application does not guarantee admission to a program or course, and that admission is subject to meeting VCC's entrance requirements and space availability.
2. I agree to abide by the rules and regulations of VCC as published on the VCC website, and those of the department and program in which I shall be registered and any changes which may be made while I am a student at VCC.
3. I certify that the information I have provided in this application is complete and accurate and may be verified by VCC. I understand that falsifying any documents or information submitted will result in immediate cancellation of my admission or registration at VCC.
4. I have read and understand the VCC Protection of Privacy disclaimer on the back of this form.
5. I understand that VCC will be sending communications in electronic format to my email.

.....
Signature

.....
Date

6. Program information

I am applying for admission to:

- Auto Collision and Refinishing Foundation
- Auto Collision and Refinishing Foundation- High School on-site
- Auto Collision and Refinishing- High School - Flex learning
- Auto Service Tech Level 1 – Foundation
- Auto Service Tech Level 1 - Britannia Secondary School

- Baking Foundation
- Hairstylist Foundation – On-site
- Hairstylist Foundation – Off-site High School Learning (Maple Ridge)
- Heavy Mechanical Trades Foundation
- Professional Cook
- Other

Preferred start date (subject to waitlist):

7. Educational history

BC examination or PEN number (Personal Education Number) if known:.....

.....
Last high school attended City Province Last date attended (MM/YY) Highest grade completed (10, 11, 12)

8. Support for students with disabilities

Do you require additional support services due to a disability or medical condition? (optional) Yes No Not specified

To support you during your studies at VCC, please contact Disability Services by phone at **604.871.7000, option 2**, by email at **disabilityservices@vcc.ca**, in person at the Student Development Reception at either campuses to arrange an intake appointment. Please visit **http://www.vcc.ca/disabilities** for more information.

9. Protection of privacy

Vancouver Community College (VCC) collects and retains student personal information under the authority of the College and Institute Act. The information will be used to admit, register and graduate students, record academic achievement, issue library cards, administer and operate academic, alumni and other College programs and other purposes consistent with the mandate of the College. Information on admission, registration and academic achievement may also be disclosed and used for statistical and research purposes by the College, other post secondary educational institutions, the Industry Training Authority and the provincial government. Personal information provided for admission and registration and any other information placed into the student record will be collected, protected, used, disclosed and retained in compliance with British Columbia's Freedom of Information and Protection of Privacy Act (R.S.B.C. 1996, c. 165). In addition to collecting personal information for its own purposes the College collects specific and limited personal information on behalf of the Students' Union of Vancouver Community College (SUVCC). The SUVCC uses this information for the purpose of student elections and the Student Health and Dental Plan. Please contact the SUVCC office if you have any questions about its collection, use and disclosure of the information. If you have any questions about the collection, use and disclosure of your personal information by VCC, please contact the Registrar's Office, Vancouver Community College, 1155 East Broadway, Vancouver, B.C. V5T 4V5; 604.871.7000, option 4.

10. Consent to release personal information to your school district (mandatory)

I agree, by signing this form, to allow my school district to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC. This authorization is valid for two years from the date of signing.

.....
School District

.....
Signature

11. Consent to release personal information (optional)

I agree, by signing this form, to allow another person, family member, employer or agency to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC. This authorization is valid for two years from the date of signing.

.....
Name/Organization

.....
Relationship to you

.....
Date

.....
Signature

12. Consent to invoice (completed by school district)

Vancouver Community College is to invoice the school district for program fees as outlined in the Memorandum of Agreement (MOU) and SkilledTradesBC (STBC). Students may also be required to purchase supplies such as textbooks, kits and personal protection equipment. For book lists, kits, etc. check the bookstore at **vcc.ca/bookstore**. Some equipment may be purchased elsewhere.

.....
School District

.....
Signature

YOUTH TRAIN IN TRADES REGISTRATION FORM

Please complete and return this form to your district career coordinator. All ***mandatory fields** must be completed.

A. STUDENT INFORMATION

*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Do you self-identify as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		

B. PARENT/GUARDIAN'S INFORMATION

I, _____
 (print surname followed by given names of **parent/guardian**)
 of _____
 (street address) (city, town) (postal code)

Declare that:

- I am the custodial parent legal guardian of the minor named above; and,
- 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.
- I understand that I can only withdraw this consent by written request addressed to the school.

Student's Signature:	Date (MM/DD/YYYY)
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 OR INDEPENDENT BOARD AUTHORITY)

Program Type (Select one): <input type="checkbox"/> Level 1 <input type="checkbox"/> Foundation	TRAIN Intake (MM/YYYY):	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
*Trade Name:			