



CULINARY SKILLS BOOT CAMP
STUDENT APPLICATION
DEADLINE: FEBRUARY 5, 2019

The SIEC offers the opportunity for students to earn 1 high school credit towards their high school transcript. By becoming involved in this option students must complete the following:

- Attend all cooking sessions
- Attend Culinary Gala and Gala prep
- Complete Saskatchewan Youth Apprenticeship (SYA)
- Maintain required standards during cooking sessions

High School credit option, check box if interested

PERSONAL DATA

MAKE SURE THIS APPLICATION FORM IS LEGIBLE. PLEASE COMPLETE IN PEN.

Student Information

Last Name	First Name	Middle Name
Address & City/Town		Postal Code
Home Phone	Cell Phone	Grade
School	Date of Birth (m/d/y)	
Email Address		

Parent/Guardian Information (if applicable)

Mother/Guardian Name	Work Phone
Address & City/Town (if different)	Postal Code
Mother/Guardian Email Address	
Father/Guardian Name	Work Phone
Address & City/Town (if different)	Postal Code
Father/Guardian Email Address	

Health Information

Doctor Name		Phone
Health Care No.		
Important Medical Information		
Name of 1 st Emergency Contact		
Day Phone		Evening Phone
Name of 2 nd Emergency Contact		
Day Phone		Evening Phone

Information Relevant to the Culinary Boot Camps

1. Do you have any of the listed certificates?

Food Safe	Yes	No
CPR	Yes	No
First Aid	Yes	No
WHMIS	Yes	No
SYA		
Level 1	Yes	No
Level 2	Yes	No
Level 3	Yes	No
• Other not listed _____		

2. Do you have any culinary experience? (include school courses (PAA), specialized programs, summer employment, career/work education experience, etc.)

Yes No If yes, please explain:

3. Do you have any future plans to pursue a career in the culinary industry; if so please explain?

4. In a paragraph explain why you believe you are a strong candidate to participate in the SIEC Culinary Skills Boot Camp. Why are you interested in participating in the SIEC Culinary Skills Boot Camp?

Voluntary Self-Declaration:

Person with a Disability

Visible Minority

Treaty/Registered (Status) Indian

Metis Person

Non-Status Indian

Inuit Person

Please indicate the name of the teacher who is filling out the recommendation form on your behalf:

Please submit this application form through the designated person in your school to:

Megan Unrau, SIEC Program Coordinator
Saskatoon Industry-Education Council
Email to
megan@saskatooniec.ca



TEACHER RECOMMENDATION FORM

This student is applying to participate in the Culinary Skills Boot Camp. This student will be required to work as part of a team in some cases; the student must be able to cooperate with peers and instructors and be very aware of their surroundings. Safety is the most important aspect of a project and it is imperative that the students in our program can act in a respectful manner.

It is in the best interests of the students, the school, and the community, that a student, who takes part in cooperative education activities outside of the school, be perceived in a positive manner. When assessing the eligibility of a student for the Culinary Skills Boot Camp, it is important we feel confident putting them into this type of work environment. To that end we are asking you to provide some information on the student identified below. This information will form part of the basis on which the student's eligibility for this program will be determined. Thank you in advance for your comments.

Please indicate your perception of this student with respect to the following chart by placing a check mark on each line below the appropriate number.

	Poor	1	2	3	4	5	6	7	8	9	10	Excellent
1 Attitude												
2 Attendance												
3 Punctuality												
4 Work Habits (use of class time)												
5 Ability to stay focused on a task												
6 Work Quality												
7 Demonstrates respect												
8 Demonstrates maturity												
9 Demonstrates responsibility												
10 Demonstrates initiative												
11 Demonstrates common sense												
12 Demonstrates problem solving ability												
13 Demonstrates leadership												

Student Name _____ Subject Area _____

Teacher Name _____ Phone Number _____

School Name: _____

Saskatoon Public Schools

Greater Saskatoon Catholic Schools

Prairie Spirit School Division

Saskatoon Tribal Council

Other

Comments: _____

I _____ (do, do not) recommend the above-named student be accepted into the Culinary Skills Boot Camp.