



AUTOBODY SKILLS BOOT CAMP  
STUDENT APPLICATION



One teacher recommendation form is required to complete your application. Please ensure you answer the questions to the best of your ability.

**Deadline is Wednesday, February 10, 2021**

## 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 Card No.		
Important Medical Information		
Name of 1 <sup>st</sup> Emergency Contact		
Day Phone	Evening Phone	
Name of 2 <sup>nd</sup> Emergency Contact		
Day Phone	Evening Phone	

## Information Relevant to the Autobody Skills Boot Camps

1. Do you have previous experience in the Automotive industry? (include school courses (PAA), specialized program, summer employment, career/work education experience, etc.)  
Yes No If yes, please explain:

2. Have you completed or are you currently working on completing the Saskatchewan Youth Apprenticeship Program.

Yes No

If yes, what level have you completed? Level 1 \_\_\_ Level 2\_\_\_ Level 3 \_\_\_ All \_\_\_

3. Do you have any of the listed certificates? If so, please include photocopy of certificate of completion.

WHMIS	Yes	No
SCOT	Yes	No
Other not listed _____		

4. What future plans do you have involving the automotive industry; do you have other future career plans to work as a technician in other fields?

5. In a paragraph explain why you believe you are a strong candidate to participate in the SIEC Autobody Skills Boot Camp.

Voluntary Self-Declaration:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Person with a Disability | <input type="checkbox"/> Visible Minority  | <input type="checkbox"/> Treaty/Registered (Status) Indian |
| <input type="checkbox"/> Metis Person             | <input type="checkbox"/> Non-Status Indian | <input type="checkbox"/> 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](mailto:megan@saskatooniec.ca)