



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 st Emergency Contact | | |
| Day Phone | Evening Phone | |
| Name of 2 nd 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