



MACHINING SKILLS BOOT CAMP STUDENT APPLICATION

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

APPLICATION DEADLINE: TUESDAY, MARCH 15

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 Machining Boot Camp

1. Do you have any of the listed certificates?

SCOT	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
CPR	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
WHMIS	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
SYA				
Level 1	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
Level 2	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
Level 3	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
<ul style="list-style-type: none"> • Other not listed _____ 				

2. Do you have any machining experience? (School courses, employment, or work experience)

Yes No If yes, please explain:

3. Do you have any plans to pursue a career in the machining/manufacturing industry, if so please explain?

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

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
Email to: megan@saskatooniec.ca