



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: THURSDAY, MARCH 9

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: programs@saskatooniec.ca