



## WELDING 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.

**Application Deadline: Tuesday, March 7, 2023**

### 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 Welding Skills Boot Camps

1. Do you have previous experience in the Welding or Fabrication? (Include school courses (PAA), specialized program, summer employment, career/work education experience, etc.)  
If yes, please explain:

2. Have you completed or currently completing any of the following courses.

- Welding 10
- Welding 20
- Welding 30

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 welding or fabrication; do you have other future career plans to work as a journey person in other fields?

5. In a paragraph explain why you believe you are a strong candidate to participate in the SIEC Welding & Fabrication 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 to:

Megan Unrau, SIEC Program Coordinator

Email to

[programs@saskatooniec.ca](mailto:programs@saskatooniec.ca)