



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: WEDNESDAY, MARCH 13, 2024

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	Yes	No
CPR	Yes	No
First Aid	Yes	No
WHMIS	Yes	No
SYA		
Level 1	Yes	No
Level 2	Yes	No
Level 3	Yes	No

- 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
Email to: **megan@saskatooniec.ca**