

## SASKATCHEWAN YOUTH INTERNSHIP PROGRAM APPLICATION DEADLINE: MAY 1, 2024

The SYIP provides students with the opportunity to earn between 1 and 4 high school credits (Apprenticeship 20 A/B or 30 A/B) towards their high school completion. By choosing the credit option, students will be required to complete the following:

- Work a minimum 100 hours per credit
- Encouraged to complete all levels of the Saskatchewan Youth Apprenticeship (SYA)
- Maintain required work standards

| Are you interested in high school credit option? Yes No |  |
|---|--|
|---|--|

## MAKE SURE APPLICATION FORM IS LEGIBLE AND COMPLETE ALL SECTIONS PLEASE COMPLETE IN PEN

| Student Information                         |            |             |  |  |  |
|---|------------|-------------|--|--|--|
| Last Name                                   | First Name | Middle Name |  |  |  |
| Address                                     |            |             |  |  |  |
| City, Province                              |            | Postal Code |  |  |  |
| Home Phone                                  | Cell Phone | Grade       |  |  |  |
| School Date of Birth (m/d/y)                |            |             |  |  |  |
| Email Address                               |            | ,           |  |  |  |
| Parent/Guardian Information (if applicable) |            |             |  |  |  |
| Mother/Guardian Name                        |            | Cell Phone  |  |  |  |
| Address (if different from above)           |            | Postal Code |  |  |  |
| Email address                               |            |             |  |  |  |
| Father/Guardian Name                        |            | Cell Phone  |  |  |  |
| Address (if different from above)           |            | Postal Code |  |  |  |
| Email address                               |            |             |  |  |  |

| Health Information  |                          |                 |
|---|--------------------------|-----------------|
| Doctor Name   |                          | Phone           |
| Health Care No.   |                          |                 |
| Important Medical Information   |                          |                 |
|   |                          |                 |
| Name of 1st Emergency Contact   |                          |                 |
| Day Phone   | Evening Phone            |                 |
| Name of 2 <sup>nd</sup> Emergency Contact   |                          |                 |
| Day Phone   | Evening Phone            |                 |
| Choice #2   |                          |                 |
| Choice #3   |                          |                 |
|   |                          |                 |
| <ol><li>Do you have a valid driver's license? (C</li><li>Yes</li><li>No</li></ol> | Jiass 5 – passed a valid | road test)      |
| If no, will you obtain it prior to start d  | late of July 8? YE       | S NO            |
|   | Date expected:           |                 |
| 3. Are you able to provide or arrange trar  | nsportation to and from  | n work daily?   |
| Yes No  |                          |                 |
| 4. Are you able to start July 8, 2024 and co                                      | ontinue working until Au | ugust 16, 2024? |
| Yes No  |                          |                 |

| 5. Have you participated in any of the listed SIEC programs?   |  |                        |                                |  |  |
|--|--|------------------------|--------------------------------|--|--|
|  | Skills Bootcamp  | Yes                    | No                             |  |  |
|  | Spotlight on Careers   | Yes                    | No                             |  |  |
| If yes, what   | have you attended?   |                        |                                |  |  |
| •  |  |                        |                                |  |  |
| 6. Have yo   | u completed any of the listed courses  | s२ ( <b>Please inc</b> | clude copies with application) |  |  |
|  | WHMIS  | Yes                    | No                             |  |  |
|  | CPR/First Aid  | Yes                    | No                             |  |  |
|  | SCOT   | Yes                    | No                             |  |  |
|  | Food Safe Certification  | Yes                    | No                             |  |  |
|  | Fall Protection Awareness  | Yes                    | No                             |  |  |
|  | Young Workers Readiness Certificate  | Yes                    | No                             |  |  |
|  | Other(s) not listed  |                        |                                |  |  |
| Reflection Questions - USE ADDITIONAL PAPER IF NEEDED  7. Indicate your favorite school subjects and briefly explain why for each one. |  |                        |                                |  |  |
|  | ave any experience related to the Sk<br>nt, specialized school programs ex. Ho |                        | (PAA classes, Career Work Ed,  |  |  |

| 9. Why do you want to be part of the SYIP? What do you hope to gain from the program and what are your future career plans? |
|---|
|   |
|   |
| 10. In a paragraph, describe the special qualities that would make you a good candidate for the SYIP.                       |
|   |
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|   |
|   |
|   |

## Saskatchewan Youth Apprenticeship (SYA)

| Please pro   | vide the following infor        | mation : | regarc | ling the | e Saskat | chewan Youth .     | Apprenticeship     |
|--------------|---------------------------------|----------|--------|----------|----------|--------------------|--------------------|
| Passport     |                                 |          |        |          |          |                    |                    |
| Are you cu   | rrently completing the          | SYA Pas  | sport? | ?        | Yes      | No                 |                    |
| If yes, plea | se answer the following         | g:       |        |          |          |                    |                    |
| l.           | Level completed                 | 1        | 2      | 3        |          |                    |                    |
| II.          | Name of supervising             | teacher  | ·:     |          |          |                    |                    |
| III.         | Email of supervising t          | eacher:  |        |          |          |                    |                    |
| IV.          | Signature of supervisi          | ng teac  | her: _ |          |          |                    |                    |
| **PLEASE N   | OTE – you must provide          | e copies | of SY/ | A assig  | nments   | already comple     | eted               |
| oluntary Do  | ecloration<br>with a Disability | Visible  | e Mino | rity     |          | Treaty/Registere   | ed (Status) Indian |
| Metis Pe     | erson                           | Non-     | Status | Indian   | 1        | Inuit Person       |                    |
| Please incl  | ude the following to co         | mplete   | your a | pplica   | ıtion:   |                    |                    |
| I.           | Resume including re             | ference: | S      |          |          |                    |                    |
| II.          | TWO completed tea               | cher red | comme  | endati   | on form: | S **Teacher may se | end these in       |
|              | directly to the SIFC**          |          |        |          |          |                    |                    |

Please submit completed application to:

Copy of safety certificates completed

III.

Megan Unrau, SYIP Coordinator Saskatoon Industry Education Council

Email: megan@saskatooniec.ca