

## 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: Thursday, October 24, 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 Nam	e	Pr	none		
Health Card	No.				
Important M	edical Information				
Name of 1st	Emergency Contact				
Day Phone		Evening Phone			
Name of 2 <sup>nd</sup>	Emergency Contact				
Day Phone		Evening Phone			
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	Information Relevant t	o the Weldina Skills Bo	ot C	Camps	
		9		i i	
	e previous experience in the W				λA),
specialized p	rogram, summer employment, co explain:	areer/work education exp	erien	ce, etc.)	
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2. Have you co	ompleted or currently complet	ring any of the following	g cou	irses.	
☐ Welding 10	O				
<ul><li>☐ Welding 20</li><li>☐ Welding 30</li></ul>					
3. Do you have completion.	e any of the listed certificates?	If so, please include p	hoto	copy of certificate	of
	WHMIS		Yes	No	
	SCOT		Yes	No	
	Other not listed				

4. What future plans do you hat plans to work as a journeyperso		ion; do you have other future career			
5. In a paragraph explain why y Welding & Fabrication Skills E	-	andidate to participate in the SIEC			
oluntary Self-Declaration:					
Person with a Disability	Visible Minority	Treaty/Registered (Status) Indian			
Metis Person	Non-Status Indian	Inuit Person			
Please indicate the name of t	he teacher who is filling out the red	commendation form on your behalf:			
Please submit this application form to:					
Megan Unrau, SIEC Manager of Youth Engagement					

Megan Unrau, SIEC Manager of Youth Engagement Email to megan@saskatooniec.ca