



## 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 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 Manager of Youth Engagement  
Email to [megan@saskatooniec.ca](mailto:megan@saskatooniec.ca)