



AUTOBODY 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, February 11, 2025

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 st Emergency Contact		
Day Phone	Evening Phone	
Name of 2 nd Emergency Contact		
Day Phone	Evening Phone	

Information Relevant to the Autobody Skills Boot Camps

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

2. Have you completed or are you currently working on completing the Saskatchewan Youth Apprenticeship Program.

Yes No

If yes, what level have you completed? Level 1 ___ Level 2___ Level 3 ___ All ___

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 the automotive industry; do you have other future career plans to work as a technician in other fields?

5. In a paragraph explain why you believe you are a strong candidate to participate in the SIEC Autobody Skills Boot Camp.

Voluntary Self-Declaration:

- | | | |
|---|--|--|
| <input type="checkbox"/> Person with a Disability | <input type="checkbox"/> Visible Minority | <input type="checkbox"/> Treaty/Registered (Status) Indian |
| <input type="checkbox"/> Metis Person | <input type="checkbox"/> Non-Status Indian | <input type="checkbox"/> 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:

programs@saskatooniec.ca