



CULINARY 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: 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 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 Culinary Boot Camps

1. Do you have any of the listed certificates?

Food Safe	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 culinary experience? (include school courses (PAA), specialized programs, summer employment, career/work education experience, etc.)

Yes No If yes, please explain:

3. Do you have any plans to pursue a career in the culinary industry, if so please explain?

4. In a paragraph explain why you believe you are a strong candidate to participate in the SIEC Culinary Skills Boot Camp. Why are you interested in participating in the SIEC Culinary 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:

Email to: programs@saskatooniec.ca