



TOURISM 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, March 18, 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 Tourism 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 |

• Other not listed _____

2. Do you have any recreation or tourism experience? (include school courses (can include classes in communication, media or tourism) specialized programs, summer employment, career/work education)

Yes No If yes, please explain:

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

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