

SASKATCHEWAN YOUTH INTERNSHIP PROGRAM APPLICATION DEADLINE: April 16, 2025

The SYIP allows students to earn between 1 and 4 high school credits (Apprenticeship 20 A/B or 30 A/B) towards graduation. To earn these credits, students must:

- Work a minimum 100 hours per credit
- Maintain required work standards

Are you interested in high school credit option?

Student Information		
ast Name	First Name	Middle Name
Address	I	I
City, Province		Postal Code
Home Phone	Cell Phone	Grade
School	Date of Birth (m/d/y)	
mail Address		
Parent/Guardian In	formation (if applicable)	
Mother/Guardian Name		Cell Phone
Address (if different from above)		Postal Code
Email address		
Father/Guardian Name		Cell Phone
Address (if different from above)		Postal Code

Health Information	on			
Doctor Name			Phone	
Health Care No.				
Important Medical Info	rmation			
Name of 1st Emergency	/ Contact			
Day Phone		Evening Phone	Evening Phone	
Name of 2 nd Emergency Contact				
	y Comaci			
Day Phone	Day Phone		Evening Phone	
1 Chaose vaur t	op three areas for an in	nterview		
,	more about a certain skilled trade,		ship.ca/designated-trades	
Choice #1	Choice #2		Choice #3	
carpentry	millwright		electrical	
steel fabrication	plumbing		welding	
flooring	masonry		roofing	
sheet metal	cook		glazier	
machining	instrumentation		landscape horticulture	
heavy duty mech	anic automotive servi	ce tech	agriculture machine service	
refrigeration	fabrication		scaffolding	
power line technic			HVAC	
2. Do you have a vo	alid driver's license? (Cla	ass 5 – passed a v	ralid road test)	
Yes N	0			
If no, will you o	obtain it prior to start da	ite of July 7? YES	NO	
		Date expected: _		
3. Are you able to p	provide or arrange trans	portation to and	from work daily?	
Yes N	0			
4. Are you able to s	tart July 7, 2025 and cor	ntinue working un	til August 15, 2025?	

	Skills Bootcamp	Yes	No	
	Spotlight on Careers	Yes	No	
	Other			
6. Have y	ou completed any of the listed courses?	? (Please inclu	de copies with appli	cation)
	WHMIS	Yes	No	
	CPR/First Aid	Yes	No	
	SCOT	Yes	No	
	Food Safe Certification	Yes	No	
	Fall Protection Awareness	Yes	No	
	Young Workers Readiness Certificate	Yes	No	
	Saskatchewan Youth Apprenticeship Progra	m (SYA) Yes	No	
	Other(s) not listed		-	

5. Have you participated in any of the listed SIEC programs?

9. Why do you want to be	part of the SYIP? What	do you hope to gain from the program			
and what are your future c	areer plans?				
10. In a paragraph, describ	be the special qualities	hat would make you a good candidate			
for the SYIP.					
<u>Teacher Recommendation</u>	<u>Forms</u>				
Please provide the followin	g information of teache	rs completing recommendation forms			
#1Teacher name	To	eacher Email			
#2 Teacher name		Teacher Email			
oluntary Self-Declaration:					
Person with a Disability	Visible Minority	Treaty/Registered (Status) Indian			
T Olson Will a Bladdinly	VISIOIO IVIIIIOIII y				
Metis Person	Non-Status Indian	Inuit Person			
Please include the following to com	plete your application:				
I. Resume including	references				
II. TWO completed to	TWO completed teacher recommendation forms **Teacher may send these in directly to the SIEC**				
	tificates completed				
PI	ease submit completed app				
	Saskatoon Industry Educ	cation Council			

 ${\it Email: programs@saskatooniec.ca}$