



# APPLICATION: Accelerated OYAP Apprenticeship Training 2018-19



Contact: *Mike DiFilippo*  
Phone: 905-890-0708 ext. 24524

**Program criteria.** *Please check.*

- Previous co-op, dual credit, volunteer or work experience in the desired trade
- Literacy test/OSSLT and 40-hour requirements fulfilled by the end of semester 1
- Registered in 4-credit co-op semester 2 and on-track to graduate with OSSD by June 2019
- Desire to follow the apprenticeship pathway with understanding of necessity to have a sponsoring employer
- All compulsory courses completed

## SCHOOL INFORMATION

Current School: [Click here to enter text.](#) Principal: [Click here to enter text.](#)

Co-op Teacher: [Click here to enter text.](#) Ext.  Guidance Counsellor: [Click here to enter text.](#) Ext.

Form completed by: guidance counsellor  co-op teacher

## STUDENT INFORMATION

Last name: [Click here to enter text.](#) First name: [Click here to enter text.](#) M  F

OEN No: [Click here to enter text.](#) Grade: Gr. Date of Birth: D / M / Y Expected Grad. Date: D / M / Y  
D M Y D M Y

Address: [Click here to enter text.](#) City: [Click here to enter text.](#) Postal Code: [Click here to enter text.](#)

Home #: [Click here to enter text.](#) Cell: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Preferred Language: English  French

Do you have an IEP? Yes  No

Are you in an SHSM program? Yes  No

Previous Dual Credit student? Yes  No  If YES, which college:

**Name of Apprenticeship Training Program:** Choose an item.

**Name of College or Training Site:** Choose an item.

**NOTE:** For students under 18, the Ministry of Training, Colleges and Universities (MTCU) requires 3 Registered Training Agreements of apprenticeship to include the signature of a parent/guardian. A Social Insurance Number on the **OYAP Form** is required by MTCU to register apprentices.

**MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT:** This information is collected under the authority of the Education Act and in compliance with Section 14, Section 32 and subsection 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the ongoing administration of appropriate cooperative education placements and communication with the approved training delivery agent. Questions regarding information collected on this form may be directed to the Dufferin-Peel Catholic District School Board Program department at (905) 890-0708, ext 24524.

**Accelerated OYAP Level 1 Apprenticeship Training**      **Check ONLY ONE Program**

College delivered Level 1 Training <u>with dual credits</u>	Code & Dual Credit Value		
<input type="checkbox"/> Auto Service Technician - Centennial-Ashtonbee Trade Code: 310S	TTE4Y (2)		
<input type="checkbox"/> Baker – Humber – North Trade Code: 423A	TUD4Y (3)		
<input type="checkbox"/> Cook – Humber – North Trade Code: 415A	TKA4Y (3)		
<input type="checkbox"/> Electrician Construction Maintenance – Sheridan Trade Code: 309A	TNA4Y (2)		
<input type="checkbox"/> Truck & Coach Technician – Centennial & Bramalea. Trade Code: 310J	TTD4Y9 (2)		

**References in Section B**

Employer/Volunteer Supervisor/Coach: [\\_Click here to enter text.](#)    Tel: [\\_Click here to enter text.](#)  
 Organization [Click here to enter text.](#)

Co-op or Technology Teacher name: [\\_Click here to enter text.](#)      Telephone number: [\\_Click here to enter text.](#)

**Signatures**

Student Name: [\\_Click here to enter text.](#)      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: [Click here to enter text.](#)      Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required if student is under 18)

Guidance Counsellor/Co-op Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Vice-Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Package Check List**

Check each one:

- Application form with signatures
- Answers to Section A – clearly written or entered
- Section B - 2 Reference Forms completed, teacher and community member
- Statement of Understanding signed (if under 18, parent/guardian signature)
- Current Status Sheet
- Signed Media Release (copy only) (if under 18, parent/guardian signature)

- Resumé
- OYAP Form (section 1 and section 2 Request for Registration) See "Trade Code" above

Send to: Blanca Polo at [blanca.polo@dpcdsb.org](mailto:blanca.polo@dpcdsb.org)



## Section A: Accelerated OYAP Questions

Instructions: In the space provided or on a separate paper, answer the following questions:

### Purpose

1. Why do you want to take Accelerated OYAP Level 1 Apprenticeship Training?

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### Career Goal(s)

2. Briefly describe how Apprenticeship Training will help you achieve your career goal(s). Please be specific.

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### Related Experience

3. Identify your related experience and skills. Explain how they contribute to your readiness for Apprenticeship Training. (i.e. part-time or summer employment, volunteer experience, interests and personal strengths)

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### Course-Related Experience

4. What technology course have you taken? How will it help you to be successful in Apprenticeship Training?

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**Section B: Teacher Reference for Accelerated OYAP Program**

Section to be completed by student:

\_\_\_\_\_ is applying to an Accelerated OYAP Level 1 Apprenticeship Training in semester 2.  
(Print Name of Student)

\_\_\_\_\_ Level 1 Apprenticeship Training Program

\_\_\_\_\_ College or Training Agent

Please rank the student on a scale of one (1) to four (4), with four being highest:

- 1 2 3 4 Dependability: punctuality, attendance, completion of tasks
- 1 2 3 4 Able to problem solve
- 1 2 3 4 Competency of practical skills
- 1 2 3 4 Practises appropriate and safe work practices, including PPE as required
- 1 2 3 4 Able to work effectively and cooperatively in a team
- 1 2 3 4 Demonstrates capacity to listen and to take direction

Briefly explain why this student is a suitable candidate for this skilled trade accelerated OYAP program

\_\_\_\_\_ Teacher's Name

\_\_\_\_\_ Subject Taught

\_\_\_\_\_ Tel (ext.)

\_\_\_\_\_ Date



**Section B: Community Member Reference for Accelerated OYAP Program**

Section to be completed by student:

\_\_\_\_\_ is applying to an Accelerated OYAP Level 1 Apprenticeship Training in semester 2.  
(Print Name of Student)

\_\_\_\_\_ Level 1 Apprenticeship Training Program

\_\_\_\_\_ College or Training Agent

Please rank the student on a scale of one (1) to four (4), with four being highest:

- 1 2 3 4 Dependability: punctuality, attendance, completion of tasks
- 1 2 3 4 Able to problem solve
- 1 2 3 4 Competency of practical skills
- 1 2 3 4 Practises appropriate and safe work practices, including PPE as required
- 1 2 3 4 Able to work effectively and cooperatively in a team
- 1 2 3 4 Demonstrates capacity to listen and to take direction

Briefly explain why this student is a suitable candidate for this skilled trade accelerated OYAP program

\_\_\_\_\_ Name (please print)

\_\_\_\_\_ Relationship to student

\_\_\_\_\_ Email

\_\_\_\_\_ Date



## Statement of Understanding: All Accelerated OYAP Programs

**This form must be completed with appropriate signatures as part of the application process. Students are not permitted to start the program unless this completed form has been submitted.**

Students enrolled in Accelerated OYAP Level 1 Apprenticeship Training are expected to represent their secondary school in a responsible manner at all times in accordance with both secondary and college/training agent codes of conduct.

Students must agree to the following expectations to be accepted into a Dual Credit program.

### As an Accelerated OYAP student I agree to:

- work co-operatively and communicate in a positive manner
- attend program classes regularly and be punctual
- complete all required assignments, tasks and tests
- report any absences to my instructor/teacher, at the program site and my monitoring teacher, before the start of the day
- abide by the rules of my **school**, the **training site** and the **bus company (should you be using a school bus for transit)**.
- carry and be prepared to present photo ID when necessary
- take responsibility for all personal items - loss/theft of valuables taken to the college is not the responsibility of the school board, bus company or the college
- wear any personal protective equipment required by the training site.

### Note:

- The college/training site code of conduct will be explained in the first week of the program, including any health and safety regulations.
- Any behavioural incidents at the college/training site will be dealt with by the college/training site and if serious, the Student Rights and Responsibilities department will be contacted.
- Serious infractions may prevent a student from registering at that college/training site at a later date.
- Information about behavioural incidents will be shared with the secondary school principal for follow-up/consequences at the school.

### I understand that:

- While in attendance at my Accelerated OYAP program, I am considered a 'college'/Local 27, LiUNA 183, Studio500 student and adhere to their policies and practices
- Workplace Safety and Insurance Board coverage (WSIB) is provided. Coverage is not provided while travelling to/from the program site. Students are strongly encouraged to purchase Student Accident Insurance.
- I must declare to my instructor/teacher any medical condition which may affect my participation in the program. I must provide my instructor/teacher with updated contact or relevant health information should there be any change in the information I have provided.
- College/training and school board staff may share information about student behavior, attendance and academic performance to ensure student success.
- any or all information may be disclosed to parents/guardians for students under 18 years of age.
- if I have an Individual Education Plan, I must self-identify at the program site (different from secondary school policy). This process will be explained during the first week of the course. A secondary teacher may be able to assist with that process by discussing the necessary accommodations and modifications required to be successful. Accommodations/modifications at college are not necessarily the same as those provided in secondary school. Information about my IEP may be shared with college instructors, Accessibility Services and school board staff (teachers and Monitor Support staff) in order to support my learning at the college.
- Textbooks and tools provided typically need to be returned at the end of the course.

- the school board, school, and training delivery agents **will not be held responsible** for liability or medical expenses arising out of participation in this program.

Statement of Understanding cont.

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### Transportation for Accelerated OYAP Level 1 Apprenticeship Training

#### I understand the following requirements:

- I may be required, depending on the program location, to travel long distances.
- I may be expected to use public transportation to my program; I must plan, in advance, my transportation route.
- It is my responsibility to attend all classes and should I miss my assigned transportation, it is my responsibility to find an alternate route.
- Transportation is subsidized in the form of Presto cards or transit tickets to and from programs and **is not to be used for personal purposes.**
- I will **return** any unused transit tickets or **PRESTO pass.**
- Teacher supervision on buses is not provided.
- I must behave according to the Student Code of Conduct at all times, including on the bus.

**Note:** any behavioral incidents of concern on the bus will be referred to the Coordinating Principal, Student Success/Learning to 18, Dufferin-Peel Catholic District School Board.

- I agree to follow all the conditions outlined above.**
- I understand that failure to comply with ANY of the above conditions/rules may result in my removal from the Accelerated OYAP program and loss of academic credits.**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
OEN number

\_\_\_\_\_  
Parent/Guardian Signature (if student is under 18 yrs. of age)

\_\_\_\_\_  
Phone number

**Indicate below how you will travel to your Accelerated OYAP Program – choose one only:**

\_\_\_\_ use a centrally provided bus route or Presto Card

\_\_\_\_ will drive my own/family owned vehicle and be responsible for parking fees.

I understand that the Dufferin-Peel Catholic District School Board is not liable for any personal injuries or damage incurred to the vehicle.

**If the chosen method of transportation changes, I must inform my home school guidance/co-op teacher and the Accelerated OYAP Monitor assigned to me.**

**Internal Use Guidance/Co-op:**

A copy of this form is to be retained in student Co-operative Education folder



## Permission for Media Communications

I hereby give the Dufferin-Peel Catholic District School Board and its employees and agents:

- (1) Permission to photograph, videotape and interview me
- (2) The perpetual and non-exclusive right and license to use my image, my name and/or a quote from me about or a description of my involvement in a work education program in any of the media communications (i.e. print, audio, television, social media, online) promoting dual credit and experiential learning programs produced by or on behalf of the Dufferin-Peel Catholic District School Board without payment to me and
- (3) Consent under the Freedom of Information and Protection of Privacy Act to use and disclose my image, my name and/or a quote from me about or a description of my participation in any of the media communications (i.e. print, audio, television, social media, online) promoting experiential learning programs of the Dufferin-Peel Catholic District School Board

I release and agree to hold harmless the Dufferin-Peel District School Board, its employees, representatives, agents and assigns, from all actions claims and demands arising from the collection, use and disclosure of my image, my name, a quote from me or a description of my participation in my experiential learning program in the production, reproduction or distribution of any of the media communications mentioned above.

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_  
(if under 18 years of age)





**Section 1 - Program Participation**

Trade Name		Trade Code	Ontario Education Number (OEN)
Last Name		First Name	Middle Name/Initial
Preferred Name			Date of Birth (dd/mm/yyyy)

**Gender**

I identify as (check one of the following):

- Male   
  Female   
  Trans   
  other   
  Prefer not to disclose

Highest Grade Level Completed		Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French	
Home Telephone Number	Cell Phone Number	Email Address	
Name of School	Teacher Name	Teacher Telephone Number	

Do you wish to self-identify as set out below? Your response to this question is entirely voluntary and will not affect your eligibility for apprenticeship. This information will be used by Canada and Ontario for policy analysis and statistical purposes related to employment programs and services.

- First Nations   
  Member of a Visible Minority   
  Metis   
  Inuit   
  Person with a Disability  
 Francophone   
 Newcomer to Canada- If yes, how long?    \_\_\_ Months    \_\_\_ Years

Unit No.	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

**Additional Information**

**Required Documentation Verified**

- Transcript   
  School Board Verification Form

**Notice of Collection of Personal Information and Consent**

The Ministry of Training, Colleges and Universities (Ministry) provides funding to your school board to offer OYAP, in part from funds provided by Canada under the Labour Market Agreement (LMA) between Canada and Ontario.

The goal of OYAP is to increase the high school graduation rate and to increase apprenticeship participation to ensure that Ontario has the skilled labour necessary to support growth and attract investment. Your personal information on this form as well as your graduation date will be used by the Ministry to administer and finance OYAP, including monitoring and evaluating OYAP; conducting policy and statistical analysis; and reporting to Canada about the results of OYAP as required under the LMA. The Ministry will collect relevant personal information indirectly from your school board and employer for these purposes and may also disclose your personal information to these organizations. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to OYAP. The Ministry may use the services of auditors, contractors or other third party administrators to administer and finance OYAP.

The Ministry collects, uses and discloses your personal information under the authority of the *Ontario College of Trades and Apprenticeship Act*, 2009 S.O. 2009, c. 22; and s. 266.3(3) of the *Education Act*, R.S.O. 1990, c. E. 2, as amended and s. 2 of O. Reg. 440/01; and the LMA.

Questions about the collection, use and disclosure of your personal information may be addressed to the Manager, Employment Ontario Contact Centre, Ministry of Training, Colleges and Universities, 33 Bloor St. E, 2nd floor, Toronto, Ontario M7A 2S3, toll-free: 1 800 387-5656; Toronto: 416 326-5656; TTY: 1 866 533-6339 or 416 325-4084.

By signing this form, you give consent to the Ministry to collect, use and disclose personal information about you where relevant to the administration and financing of OYAP.

Signature of Applicant	Signature of Parent (if applicant under 18)	Date (dd/mm/yyyy)
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## Section 2- Request for Registration

To be completed only when applying to be registered as an apprentice.

By completing this section you confirm that the sponsor/employer has been notified that a request for registration is being submitted to the Ministry of Training, Colleges and Universities and that the sponsor/employer agrees to register the

apprentice. Please check off the box below:

Yes, the sponsor/employer has been notified.

Trade Name		Trade Code
Social Insurance Number (SIN)		Ontario Education Number (OEN)
Last Name	First Name	Middle Name/Initial

### Sponsor Information

Sponsor (full legal business name)	Sponsor ID (if known)	Sponsor Telephone Number
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### Sponsor Contact

Last Name		First Name	Middle Name/Initial
Contact Telephone Number	Contact Cell Phone Number	Contact Email Address	

### Address

Unit No.	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Start Date of Co-op Placement (dd/mm/yyyy)		End Date of Co-op Placement (dd/mm/yyyy)	Hours per Week

## Notice of Collection of Personal Information and Consent

Your personal information on this form and in all other communications related to apprenticeship and related programs will be used by MTCU to administer and finance Ontario's apprenticeship training program. MTCU will collect relevant personal information directly from you and indirectly from your school board, employer, sponsor, training institution, Employment Ontario (EO) service provider, the Ontario College of Trades (the College) and Canada for these purposes and may also disclose your personal information to these organizations. MTCU may use the services of other Ontario ministries, contractors and auditors to administer and finance apprenticeship training. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to apprenticeship training.

Administration includes assessing and verifying your eligibility for apprenticeship, including your age, education and membership in the College; registering you as an apprentice and maintaining your file; providing financial assistance to you and your training institutions; working with you, your training institutions and your employers or sponsors to support your progress in and completion of workplace and classroom training; conducting examinations; issuing certificates of apprenticeship; evaluating, monitoring and auditing your progress and the activities of your employers, sponsors, trainer(s) and training institutions; reporting to Canada about the effectiveness of apprenticeship training as required under the Jobs Fund Agreement (JFA) between Canada and Ontario and the Labour Market Development Agreement (LMDA) between Canada and Ontario; enforcing your agreements with MTCU and the legislation set out below; enforcing the agreements between MTCU and your employer, sponsors and training institutions; conducting inspections and investigations; detecting, monitoring and preventing fraud; and conducting policy analysis, evaluation and research related to all aspects of EO programs and services, including apprenticeship training.

Apprenticeship training is partly funded by Canada under Part II of the *Employment Insurance Act* (EIA). Under the LMDA, MTCU must collect your social insurance number to provide reports to Canada to allow it to monitor and assess the Employment Insurance Program under s. 3 of the EIA. Information you provide on education level, immigration status, Employment Insurance eligibility, Francophone status and prior participation in special apprenticeship programs helps design policies and programs to support apprenticeship completions, and better meet reporting requirements under the Canada-Ontario JFA.

MTCU will disclose your personal information, including your contact information and your registered training agreement(s), to the College under s. 80 of the *Ontario College of Trades and Apprenticeship Act* (OCTAA), 2009 when it is necessary for the College to carry out its responsibilities. MTCU may also disclose your personal information to:

- any of your employers or sponsors who need your apprenticeship training agreement for purposes of applying for the Apprenticeship Training Tax Credit under s. 89 of the *Taxation Act*, 2007, S.O. 2007, c. 11, Schedule. A;
- the Ministry of Labour under an agreement between the ministries to enforce workplace safety under the *Occupational Health and Safety Act*;
- any person employed in the administration of similar legislation in any Canadian province or territory under s. 79(8)(a) of the OCTAA, 2009; and
- to statistics Canada, if required under s. 13 of the *Statistics Act*, R. S. 1985, c. &19, as amended.

Your personal information is collected under the authority of the OCTAA, 2009 S.O. 2009, c. 22; the JFA, the LMDA, and ss. 3, 63 and 139 of the EIA, S.C. 1996, c. 23, as amended, s. 76.29 of the Employment Insurance Regulations, S.O.R./96-332, ss.10, 34(1) and 36(1) of the Department of *Human Resources and Skills Development Act*, S.C. 2005, c. 34; s. 8 of the *Privacy Act*, R.S.C. 1985, c. P-21, as amended; and s. 10.1 of the *Financial Administration Act*, R.S.O. 1990, c. F. 12, as amended.

Questions about the collection, use and disclosure of your personal information may be addressed to the Manager, Employment Ontario Contact Centre, Ministry of Training, Colleges and Universities, 33 Bloor St. E, 2nd Floor, Toronto, Ontario M7A 2S3, 1-800-387-5656 toll-free; 416-326-5656 in the Greater Toronto Area (GTA); TTY (telephone service for the deaf) 1-866-533-6339 or 416-325-4084.

By signing this form, you give consent to MTCU to collect, use and disclose personal information about you as described above.

Signature of Applicant	Signature of Parent (if applicant under 18)	Date (dd/mm/yyyy)
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