

**APPLICATION**  
**Accelerated OYAP Level 1**  
**Apprenticeship Training 2022-2023**  
**Submit By: November 4, 2022**  
**For First Consideration**



- Step 1: Print Application or complete the fillable PDF to Print**  
**Step 2: Student is to invite 2 references to complete Reference Forms attached**  
**Step 3: Fill in Application and include an updated Student Resume**  
**Step 4: Scan and save Application for upload**  
**Step 5: Complete [OYAP GOOGLE FORM](#) and attach the scanned Application to the [OYAP GOOGLE FORM](#)**

**For inquiries, please contact Alda Nunes, [alda.nunes@dpcdsb.org](mailto:alda.nunes@dpcdsb.org), ext. 24516, mobile: 905-301-9263**

**Program criteria:** Review and check criteria items below. **All must apply in order to move forward with this application**

- Previous co-op, dual credit, volunteer, or work experience in the desired trade
- Literacy test/OSSLT component and community service hours requirements will be fulfilled by the end of semester 1
- Enrolled in 4-credit co-op for semester 2 and on-track to graduate with an OSSD by June 2023
- Passion for the apprenticeship pathway; must have a sponsoring employer before the start of Level 1 class
- All compulsory courses completed by the end of semester 1
- Student has a Social Insurance Number. *A social insurance number is required in order to Register a Training Agreement (RTA).*

**SCHOOL INFORMATION**

Current School: \_\_\_\_\_ Principal: \_\_\_\_\_  
 Co-op Teacher Name: \_\_\_\_\_ Ext. \_\_\_\_\_ Guidance Counsellor: \_\_\_\_\_ Ext. \_\_\_\_\_  
 DPCDSB Student Number: \_\_\_\_\_ Form completed by: \_\_\_\_\_ Guidance Counsellor  Co-op Teacher

**STUDENT INFORMATION**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 OEN No: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Expected Grad. Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Alternate / Home #: \_\_\_\_\_  
 DPCDSB Email: \_\_\_\_\_ Alternate / Personal Email: \_\_\_\_\_  
 Preferred Language: English  French  Safety Shoe / Boot Size: \_\_\_\_\_ Female Shoes  or Male Shoes   
 Previous Dual Credit student? Yes  No  If YES, which college: \_\_\_\_\_  
 Do you have a **Driver's License**? Yes  No  If YES, which class? G  G1  G2   
 Do you have an **IEP**? Yes  No   
 Did you previously apply to a Level 1? Yes  No  Are you in an **SHSM program**? Yes  No

**\*NOTE:** For students under 18, the Ministry of Labour, Immigration, Training and Skills Development requires 3 Registered Training Agreements of apprenticeship to include the signature of a parent/guardian.  
**FREEDOM OF INFORMATION:** 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

Accelerated OYAP Level 1 Apprenticeship Training PROGRAMS		Select ONLY ONE Program	
<b>College delivered Level 1 Training <u>with dual credits</u></b> <input type="checkbox"/> Auto Service Technician - Centennial-Ashtonbee Trade Code: <b>310S</b> <input type="checkbox"/> Baker – Humber – North Trade Code: <b>423A</b> <input type="checkbox"/> Cook – Humber – North Trade Code: <b>415A</b> <input type="checkbox"/> Electrician Construction Maintenance – Sheridan - Davis Trade Code: <b>309A</b> <input type="checkbox"/> Plumber – Humber: 110 Carrier Drive, Trade Code: <b>306A</b> <input type="checkbox"/> Refrigeration and Air Conditioning Systems Mechanics - George Brown –Casa Loma Trade Code: <b>313A</b> <input type="checkbox"/> Truck & Coach Technician – Centennial & Bramalea S.S. Trade Code: <b>310T</b>	<b>Code &amp; Dual Credit Value</b>  <b>TTE4Y9 (2)</b>  <b>TUD4Y9 (3)</b>  <b>TKA4Y9 (3)</b>  <b>TNA4Y9 (2)</b>  <b>TSB4Y9 (2)</b>  <b>TZB4Y9 (2)</b>  <b>TTD4Y9 (2)</b>	<b>Training site Level 1</b>  <input type="checkbox"/> Carpentry The College of Carpenters Local 27 (is sponsoring employer)	<b>Credit Value 4 co-op credits</b>  Trade Code: <b>450A</b>

Signatures	
Student Name: _____	Signature: _____ Date: _____
Parent/Guardian Name: (required if student is under 18)	Signature: _____ Date: _____
Guidance Counsellor Signature: _____	Date: _____
Principal/Vice-Principal Signature: _____	Date: _____

Application Package Check List
<b>Check each one:</b> <input type="checkbox"/> Application form with signatures <input type="checkbox"/> Answers to Section A – clearly written or entered <input type="checkbox"/> Section B - 2 Reference Forms - completed <input type="checkbox"/> Resumé <input type="checkbox"/> <b>OYAP Form (Name &amp; Signatures on section 1 and section 2)</b> "Trade Code" above and SIN number is included.

## 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/trades course have you taken? How will it help you to be successful in Apprenticeship Training?
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**Section B: Teacher /Technology Teacher Reference for Accelerated OYAP**

Section to be completed by student:

\_\_\_\_\_ is applying to an Accelerated OYAP Level 1 Apprenticeship Training.  
(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 / Volunteer Supervisor / Coach / Employer REFERENCE**

Section to be completed by student:

\_\_\_\_\_ is applying to an Accelerated OYAP Level 1 Apprenticeship Training..  
(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

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



Ministry of Labour, Training and Skills Development  
33 Bloor St. East, 2nd Floor  
Toronto ON M7A 2S3

# Ontario Youth Apprenticeship Program (OYAP) Participant Application Form

## Section 1 – Program Participation

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

I identify as (check one of the following):

- Male   
  Female   
  Trans   
  Other \_\_\_\_\_   
  Prefer not to disclose

### Marital Status

- Married/Common law   
  Single   
  Prefer not to disclose

### Number of dependants

- Prefer not to disclose

Highest Grade Level Completed	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French
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Home Telephone Number	Cell Phone Number	Email Address
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Name of School	Teacher Name	Teacher Telephone Number
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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   
  Racialized Person   
  Metis   
  Inuit   
  Person with a Disability

Unit Number	Street Number	Street Name	PO Box
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City/Town	Province	Postal Code
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## Additional Information

### Required Documentation Verified

- Transcript   
  School Verification Form

### Residency Status (check one of the following)

- Canadian Citizen   
  Permanent Resident   
  Temporary

### Immigrant (mandatory if you answered "Canadian Citizen" above)

- Yes   
  No

Year of Immigration \_\_\_\_\_

## Notice of Collection of Personal Information and Consent

The goal of OYAP is 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 Labour Market Agreement (LMA) between Canada and Ontario. The Ministry will collect relevant personal information indirectly from your school 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 *Building Opportunities in the Skilled Trades Act, 2021*; 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 Labour, Training and Skills Development, 33 Bloor St E, 2nd floor, Toronto ON 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 Labour, Training and Skills Development 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 Number	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	

Your personal information on this form and in all other communications related to apprenticeship and related programs will be used by MLTSD to administer and finance Ontario's apprenticeship training program. MLTSD will collect relevant personal information directly from you and indirectly from your school board, employer, sponsor, training institution, Employment Ontario (EO) service provider, Skilled Trades Ontario (STO) and Canada for these purposes and may also disclose your personal information to these organizations. MLTSD 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 Workforce Development Agreement (WDA) between Canada and Ontario and the Labour Market Development Agreement (LMDA) between Canada and Ontario; enforcing your agreements with MLTSD and the legislation set out below; enforcing the agreements between MLTSD 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 funded in part by the WDA and the LMDA. Under these agreements, MLTSD is required to 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 *Employment Insurance Act* (EIA) and to track the progress of all clients participating in programs and services funded under these agreements. 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 WDA.

MLTSD will disclose your personal information, including your contact information and your registered training agreement(s), to Skilled Trades Ontario (STO) under s. 62 and 63 of the *Building Opportunities in the Skilled Trades Act, 2021* (BOSTA) when it is necessary for STO to carry out its responsibilities. MLTSD may also disclose your personal information to:

- any person employed in the administration of similar legislation in any Canadian province or territory under s. 63.(5)(a) of the BOSTA;
- 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 BOSTA; the WDA, 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 Labour, Training and Skills Development, 33 Bloor St E, 2nd Floor, Toronto ON 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 MLTSD 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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[Print Form](#)



Don't Forget to include **YOUR RESUME!**

**Need Help?**

Visit [www.myBlueprint.ca](http://www.myBlueprint.ca) for a template and prompts

## **BUILDING A RESUME**

1. Visit [www.myBlueprint.ca](http://www.myBlueprint.ca) and log into your myBlueprint account with your school email and password.
2. You can also login to your account by selecting **School Account Login**, select **Dufferin-Peel Catholic** from the drop down menu.
3. In the left hand navigation menu, click **Work** and then select **Resumes**.
4. Add a resume by clicking on + **Create Resume**.
5. Complete each section of the resume (e.g., Contact Information, Objective, Education, Work Experience, Extra-Curricular, Volunteer Experience, Skills and Abilities, etc.) and add at least **ONE (1)** experience where applicable.
6. If you need help with a section, **after** clicking + **section** to add details, click **Need Help?** This will appear in the fillable section, on a window on the right side of the page.
7. When you are ready, click **Preview Resume** at the bottom right of your screen.
8. You can **Change Design** or **Switch Order** of the sections, prior to printing or exporting
9. When finished, you can either share your document or download it by clicking **Export** at the bottom right hand side of the page, then choose either the **Share** or **Download** option.