

Registered Apprenticeship Program Placement Forms

Please contact your school's off-campus coordinator or local CAREERS director for additional information.

Student Information		
Last Name:	First Name:	Middle Name:
Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City:		Postal Code:
Email (mandatory):		Home Phone:
School Name:		Cell Phone:
Birth Date: mm dd yyyy	Alberta Student ID ⁽¹⁾ :	Graduation Year:
FNMI Information		
<input type="checkbox"/> Status / First Nations <input type="checkbox"/> Non-Status / First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		
<input type="checkbox"/> I would like information regarding the CAREERS Aboriginal Youth Initiative		
RAP Program Information		
Specify Trade:		What other trade would you consider?
Availability:		
Employers expect a student to be available to work throughout the summer and/or during the school year as scheduled.		
Please indicate any interruptions that might impact time at the workplace:		
For a Summer Placement:		
Are you able to provide full-time availability during the summer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No . . . <input type="checkbox"/> Will be attending Summer School. Summer school hours are:		
<input type="checkbox"/> A family vacation is planned. Dates include:		
<input type="checkbox"/> Other commitments. Explain and list time/date commitments:		
After the summer, are you interested in continuing to work during the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No (See below)		
For a Placement during the School Year:		
Are you interested in working during the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, specify hours you are available to work		
Some schools may accommodate half days or full days during the school year. This must be arranged with your off-campus coordinator/guidance counselor.		
Transportation		
Will you be able to arrange transportation to and from your worksite as scheduled by employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attempts for placements as close to your home will be made; however, this cannot be guaranteed.		
Which communities are you able to commute to for a placement?		
What method of transportation will be used to get to the place of employment?		
<input type="checkbox"/> Have own automobile <input type="checkbox"/> Public Transportation <input type="checkbox"/> Parent will drive Other:		
Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Learner's? <input type="checkbox"/> Yes <input type="checkbox"/> No If no to both, when do you plan to get your learner's?		

⁽¹⁾ Alberta Student ID may be found on student's report card or at www.education.alberta.ca, Alberta Student Number, enter Learner Registry

<i>This section to be completed by the school's Off-Campus Coordinator or CAREERS Field Director</i>			
Company:		Phone:	
Address:		Cell:	
City:		Fax:	
Postal Code:		Email:	
Contact's Name:		Recruited by:	<input type="checkbox"/> Student <input type="checkbox"/> School <input type="checkbox"/> CAREERS
Contact's Title:		Intern Status:	<input type="checkbox"/> Pre-RAP <input type="checkbox"/> RAP (Indentured with Apprenticeship)
Start Date:		Indenture Date:	



Parent/Guardian Information: (Please fill in completely.)	
Parent 1 Name:	Parent 2 Name:
Work Phone:	Work Phone:
Cell:	Cell:
Email:	Email:

Student Agreement	
<ul style="list-style-type: none"> • I, the applicant, certify the information given in and with this application, resume, and cover letter is true and complete to the best of my knowledge and that these documents may be viewed by employers for the purpose of determining potential placements. • I agree to attend any safety courses or prerequisite courses or sessions as required for individual programs. • I understand that applying for any off-campus program does not guarantee that I will receive a placement. 	
Student Signature:	Date

Parent/Guardian Agreement	
<p>As the internships provide real job experiences, students are treated like young adults, expected to show maturity and sound judgment. This is an excellent opportunity for your son/daughter to gain confidence in making an educated career choice from their experience with the program. Acceptance is based on your son/daughter's expressed interest in this program, meeting the program criteria, and having the application approved by the applicable school coordinator. Final decisions on placements are made by the employer through the interview process.</p> <ul style="list-style-type: none"> • I have read over the items that my son/daughter has filled in on this form. • I acknowledge and agree to the above terms. • I agree that the application along with the submitted resume and cover letter may be viewed by employers for the purpose of determining potential placements. 	
Parent Signature:	Date

Consent Agreement	
<p>I hereby consent and provide permission, as part of my participation in CAREERS programs, events, and activities, to be photographed, recorded by video and other electronic means, and be interviewed for usage in CAREERS' promotional material or other media, including video productions, annual reports, website and brochure graphics, electronic media, newspaper articles or ads, CAREERS student customer satisfaction surveys and/or approved CAREERS program surveys i.e. University of Alberta (Health), and event programs. I understand that this material will remain as the property of CAREERS: The Next Generation.</p>	
Student Signature:	Date
I hereby consent to the terms above for my son/daughter. (Required if under the age of 18 at time of signing.)	
Parent Signature:	Date

Placements (Parents please note.)	
<p>Off-Campus programs are dependent on the availability of suitable worksites. Employers often request interviews and retain the right to select candidates. Every attempt will be made to offer opportunities to each student that applies and is accepted into the program; however, neither the School nor CAREERS: The Next Generation can guarantee that every student will be placed.</p> <ul style="list-style-type: none"> ✓ If you know of a placement opportunity for your student, please contact your school's off-campus coordinator or your local CAREERS director with information on that placement and they can assist in securing that placement for your student. ✓ If you are an employer that would consider taking a student, please contact either the school's off-campus coordinator and your local CAREERS director for more information on the program and how you can get involved in assisting youth make educated career choices. 	

Please submit through your school off-campus teacher to the local CAREERS Field Director.



Teacher Recommendation Form

The Registered Apprenticeship Program (RAP) requires dedication and commitment to an employer in a trades-related area. This student is applying for RAP. This student will be responsible for learning many new skills, working independently and showing great respect to his/her employers and fellow employees.

It is in the best interests of the student, the school, and the community, that a student who takes part in off-campus education activities outside of the school, under the auspices of the school, be perceived in a positive manner. When assessing the eligibility of a student for RAP, it is important that we feel confident that our school is being well represented. To that end we are asking you to provide some information on the student identified below. This information will form part of the basis on which the student's eligibility for RAP will be determined. Thank you in advance for your frankness.

The Registered Apprenticeship Program allows a student to graduate high school while getting a one-year jumpstart on a career in the trades. It is possible for a student to complete the necessary courses for post-secondary acceptance while participating in RAP. To complete all 40 credits for RAP including the pre-RAP internship involves 1125 hours on the job throughout the student's high school career.

Please indicate your perception of this student with respect to the following chart by placing a check mark (✓) on each line below the appropriate number.

	Poor	1	2	3	4	5	6	7	8	9	10	Excellent
1. Attitude		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Attendance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Punctuality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Work Habits (use of class time)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Ability to stay focused on a task		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Ability to meet deadlines		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Work Quality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Ability to work as part of a team		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Demonstrates respect		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Demonstrates maturity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Demonstrates responsibility		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Demonstrates initiative		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Demonstrates common sense		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Demonstrates problem solving ability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Demonstrates leadership		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comment: _____

Student Name _____ Subject _____

Teacher Name _____ Phone _____

Teacher Signature _____ School _____

I do cannot recommend the above named student be accepted into the Registered Apprenticeship Program.



Off-Campus Coordinator Recommendation

The Off-Campus Coordinator must complete this form and submit it to CAREERS. As the teacher, you are screening the applicant for suitability to the program and as a representative of your school in the community.

Student Name :

Trade of Choice:

- 1. Is this student on track to graduate at the end of Grade 12? Yes No

- 2. Is this student passing all courses? Yes No

- 3. Is this student enrolled in the "recommended" courses as per the entrance requirements by Alberta Apprenticeship and Industry Training? Yes No
If no, is this student enrolled in the "minimum" courses as per AAIT entrance requirements? Yes No

- 3. Does this student have a good attendance record? Yes No

- 4. Does this student have an excellent conduct record (no discipline issues)? Yes No

Please note below any concerns you may have.

I recommend that the above student be accepted into the RAP Program Yes No

Off-Campus Coordinator Name _____

Off-Campus Coordinator Signature _____

School Phone: _____

Summer Phone: _____

Cell Phone: _____

