



Program Summary:

Hairstylist: Chilliwack Secondary – Semester 2 (Grade 11), Semester 1 (Grade 12)

Transportation: Students are responsible for their own transportation to CSS

Equipment, Textbooks & Other Fees: approximately \$600 for salon tool kit (Student Responsibility)

Certification Received: Skilled Trades BC Foundation Level 1

Daily Class Schedule: Monday – Thursday 10am - 5pm

Youth TRAIN in Trades Program Objectives:

Skilled Trades BC Youth TRAIN in Trades is an industry certification program for BC secondary school students. The program enables students to earn both graduation credits and credit for the first level of technical training associated with a *Skilled Trades BC* program or apprenticeship. Through Practicum placements, students can also earn credit toward the on-the-job component of a *Skilled Trades BC* program. This is an opportunity for high school students to get a head start on earning their credentials in a trade recognized by *Skilled Trades BC*.



Topics Covered in the Hairstylist Program:

- Introduction to the Cosmetology industry
- Design Principles
- Hair Cutting & Styling
- Salon Ecology
- First Aid
- Trichology
- Personal & Public Hygiene
- Bacteriology & Infection Control
- Client Relations
- Hair Colouring & Highlighting
- Chemical Texturizing
- Anatomy & Physiology
- Wigs & Hair Extensions
- Resume Design
- Employability Skills
- Skilled Trades BC Final Exam

Student Agreement: *By signing below, student and parent/guardian acknowledges an awareness of program requirements as outlined above, including associated costs.*

Student Name: _____ **Signature:** _____

I give my child permission to participate in the SD#33 Youth TRAIN in Trades Hairstylist program.

Parent/Guardian Signature: _____

Application Requirements

Applicant: *keep this form for your records*

SKILLED
TRADES^{BC}

Applicants must meet the following requirements:

- Be fifteen years of age or older at start of the program
- Be nineteen years of age or under at the time of completion of the program
- Have not yet achieved Ministry of Education Graduation
- Be ready to register at Chilliwack Secondary school
- Parental sign-off of all pages

Note: Student is responsible for the cost of the Tool Kit ~ \$600.00

To learn more about the *Skilled Trades BC* Hairstylist Training and Certification Standards, scan or click on the QR code:



- Submit **completed** Chilliwack School District Career Programs application package (requires both student and parent signatures)
- Prepare a current resume and cover letter
- Submit your Application, your Resume & Cover Letter ALL TOGETHER to your school Counsellor.**

Only complete application packages will be processed.



District Career Programs Application



Student Name: _____

Current Grade: _____

PLEASE SELECT YOUR CAREER PROGRAM

SKILLED TRADES BC YOUTH TRAIN IN TRADES

Hairstylist

Professional Cook Level 1

Welding

WORK EXPERIENCE

WEX 12A

WEX 12B

SKILLED TRADES BC YOUTH WORK IN TRADES

Specify Trade: _____

REGIONAL CAREER PROGRAMS (RCP) - UFV

Specify Course Option:

TRADES SAMPLER PROGRAM

Specify School: _____

DUAL-CREDIT PROGRAM

Early Childhood Education

I, _____ do hereby declare that I will:

- Adhere to the School District Code of Conduct
- Adhere to the School Code of Conduct
- Be in attendance at all courses
- Maintain passing grades in all courses

I am aware that this Career Education Program is a challenging opportunity, and I am willing to abide to the rules set forth by the Chilliwack School District.

Student Signature

Parent/Guardian Signature

Date: _____

Date: _____

District Career Programs Application



STUDENT INFORMATION

Legal Last Name: _____ Legal First Name: _____
Usual Last Name: _____ Preferred First Name: _____
Birth Date (Day/Month/Year): _____ Email: _____
Home Phone: _____ Cell Phone: _____
School: _____ Grade: _____
Street Address: _____
Apt. No.: _____ City: _____ Prov.: _____ Postal: _____
Are you an International Student? YES NO
Are you an ELL (English Language Learner)? YES NO
Do you have an IEP (Individual Education Plan)? YES NO

PARENT/GUARDIAN INFORMATION

Primary Contact

Relationship to student: _____
Last Name: _____ First Name: _____
Address (if different from student): _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

Secondary Contact

Relationship to student: _____
Last Name: _____ First Name: _____
Address (if different from student): _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

MEDICAL INFORMATION

Doctor Name: _____ Phone: _____
Care Card No.: _____
Allergies and/or conditions: _____
Are any of these life-threatening? YES NO If "YES", please specify: _____
Treatment: _____

District Career Programs Application



DRESS CODE

It is expected that students conform to District dress code guidelines, in addition to worksite-specific requirements (e.g. Trade-specific, professional office attire, uniform, personal protective equipment, etc.)

RELEASE OF STUDENT INFORMATION

In accordance with the Freedom of Information and Protections of Privacy Act, Chilliwack School District requires consent to use personal information for purposes unrelated to educational programs.

I will conform to the guidelines presented to me for appropriate attire while participating in any Chilliwack School District Career Education programs.

I give my consent for release of my name, address, email and phone number to School District personnel and/or community employers to contact me regarding Career Education activities, meeting or schedules.

Student Signature: _____

Date: _____

STUDENT IMAGES

Your child's photograph may be used for administrative and identification purposes consistent with providing an educational program. As such, your child's name, photograph and comments may be published in a District newsletter, brochure, video or website.

In addition, on occasion, Career Education activities may be featured by local news media as a means of information sharing or promotion. As such, your child's name, photograph and comments may be published in the newspaper, online or on social media channels.

I give my consent for use or publication of my child's name, photograph and comments for purposes consistent with the above.

Parent/Guardian Signature: _____

Date: _____

Statement of Interest and Intent



Chilliwack
School District
CAREER EDUCATION

Name: _____

Program: **Youth TRAIN in Trades Hairstylist**

Career Goal: _____

1. What have you done to prepare yourself for study in this area (i.e. course work, extra-curricular activities, reading, interviewing people, etc.?)

2. What have you done to prepare yourself for work in this area (i.e. volunteer work, work experience, job shadow, related job or transferrable job skills, interviewing people, etc.?)

3. What skills do you have that will help you be successful in this program?

4. What interests you about a career in this field?

5. What knowledge do you have of this career field? (i.e. opportunities for work, working conditions, wages, etc.?)

Statement of Interest and Intent



Chilliwack
School District
CAREER EDUCATION

6. What will you do to ensure your success in this program? Speak specifically to attendance, work habits, academic achievement and work experience.

7. What are your interests outside of school? (hobbies, sports, clubs, special talents, etc.)

8. Please explain any absences/lates you have this school year

Teacher Reference Form

(Academic or Program Elective Teacher)



CONFIDENTIAL - Please complete the reference and submit in a **sealed** envelope to secondary school counsellor.

Student: _____
Last Name First Name

Course you taught this student: _____ Grade: _____

This student has applied for a seat in the **Youth TRAIN in Trades Hairstylist** Program.

- The program this student is applying for is academically rigorous. The pace is very fast and the student must be self-motivated and able to directly apply what they are learning theory wise to practical work. The ability to think critically is essential to the student success.

Do you feel the student applying can meet these criteria?

YES POSSIBLY NO

- Could this student be counted on to represent the school district favorably in a college/university setting?

YES POSSIBLY NO

- Do you feel this student has a sincere interest in this District Partnership program?

YES POSSIBLY NO

4. Please help by providing frank comments about this student. This will aid in the selection of appropriate candidates for this program.

	Excellent	Good	Satisfactory	Needs Improvement
Maturity				
Accuracy/ability to follow instructions				
Enthusiasm and interest				
Adaptable – adjusts to new situations				
Follows through on assigned tasks				
Attendance				
Punctuality				
Shows motivation to learn new skills				
Can work independently				
Has positive attitude towards work				
Accepts constructive criticism				
Makes changes as a result of constructive criticism				

Evaluation completed by: _____ Phone #: _____

School: _____ Signature: _____

Transition Plan - Hairstylist



Chilliwack
School District
CAREER EDUCATION

Grade 10 - Completed Courses

Course	Marks

Grade 11/12 Plan - Must meet all grad requirements

Semester 1 Course Plan	Semester 2

HAIRSTYLIST PROGRAM

Semester 1	Semester 2 Course Plan

HAIRSTYLIST PROGRAM



*Youth Train in Trades Application Form

*Previously, ACE-IT (Accelerated Credit Enrolment in Industry Training) is a government-funded program for high school students providing both high-school credits and head start to completion of an apprenticeship program.

Broadway Campus
1155 E Broadway, Vancouver, BC, V5T 4V5
Downtown Campus
250 West Pender St, Vancouver BC, V6B 1S9
Email: youthintrades@vcc.ca
Tel: 604 871 7000
Fax: 604 871 7000

1. PERSONAL INFORMATION

Legal Last Name (Family Name)	Apt. No/Address																					
First Name	Town/City																					
Preferred First Name	Province	Postal Code																				
Middle Name(s)	Country	Home phone																				
Email Address	Work (if applicable)	Cell phone																				
Do you have a VCC student number? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please enter your number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

2. CITIZENSHIP

Date of Birth (MM/DD/YY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Native Language
Birth Country	Citizenship Country	Are you a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your status and citizenship/visa or Permanent Resident identification number	Issue date (MM/DD/YY)	Expiry date (MM/DD/YY)

3. INDIGENOUS STUDENTS

Do you identify yourself as a Canadian Indigenous person? Yes No
 If yes, select one or more option that best describes your Indigenous identity: First Nations (Status or non-Status) Métis Inuit Indigenous
 Please contact me regarding Indigenous student support and services. Your Nation:

4. EMERGENCY CONTACT INFORMATION

Name	Relationship to you
Contact Phone Number(s)	

5. DECLARATION (MANDATORY)

- I understand that submission of this application does not guarantee admission to a program or course, and that admission is subject to meeting VCC's entrance requirements and space availability.
- I agree to abide by the rules and regulations of VCC as published on the VCC website, and those of the department and program in which I shall be registered.
- I certify that the information I have provided in this application is complete and accurate and may be verified by VCC. I understand that falsifying any documents or information submitted will result in immediate cancellation of my admission or registration at VCC.
- I have read and understand the VCC Protection of Privacy disclaimer on the back of this form.
- I understand that VCC will be sending communications in electronic format to my email.

Signature _____ Date _____

6. PROGRAM INFORMATION

I am applying for admission to:

- | | | |
|--|--|--|
| <input type="checkbox"/> Automotive Collision Repair Foundation | <input type="checkbox"/> Automotive Collision Repair – Onsite High School Learning | <input type="checkbox"/> Automotive Collision Repair – Online High School Learning |
| <input type="checkbox"/> Auto Refinishing Prep – High School | <input type="checkbox"/> Auto Refinishing Prep Tech - Foundation | <input type="checkbox"/> Auto Service Tech Level 1 - Britannia Secondary School |
| <input type="checkbox"/> Auto Service Tech Level 1 – Foundation | <input type="checkbox"/> Baking Foundation | <input type="checkbox"/> Hair Design – Onsite High School Learning |
| <input type="checkbox"/> Hair Design – Offsite High School Learning (Chilliwack) | <input type="checkbox"/> Heavy Mechanical Trades Foundation | <input type="checkbox"/> Professional Cook |
| <input type="checkbox"/> Other | Preferred start date (subject to waitlist): | |

7. EDUCATIONAL HISTORY

BC Examination or PEN number (Personal Education Number)

For current or past BC high school students only.

Name of last high school attended City Province Last date attended (MM/YY) Highest Grade Completed

8. SUPPORT FOR STUDENTS WITH DISABILITIES

Do you require additional support services due to a disability or medical condition? (optional)

- Yes No Not specified

To support you during your studies at VCC, please contact Disability Services by phone at 604.871.7000, option 2, by email at disabilityservices@vcc.ca, in person at the Student Development Reception at either campuses to arrange an intake appointment. Please visit <http://www.vcc.ca/disabilities> for more information.

9. PROTECTION OF PRIVACY

Vancouver Community College (VCC) collects and retains student personal information under the authority of the College and Institute Act. The information will be used to admit, register and graduate students, record academic achievement, issue library cards, administer and operate academic, alumni and other College programs and other purposes consistent with the mandate of the college. Information on admission, registration and academic achievement may also be disclosed and used for statistical and research purposes by the college, other post secondary educational institutions, the Industry Training Authority and the provincial government. Personal information provided for admission and registration and any other information placed into the student record will be collected, protected, used, disclosed and retained in compliance with British Columbia's Freedom of Information and Protection of Privacy Act (R.S.B.C. 1996, c. 165). In addition to collecting personal information for its own purposes the College collects specific and limited personal information on behalf of the Students' Union of Vancouver Community College (SUVCC). The SUVCC uses this information for the purpose of student elections and the Student Health and Dental Plan. Please contact the SUVCC office if you have any questions about its collection, use and disclosure of the information. If you have any questions about the collection, use and disclosure of your personal information by VCC, please contact the Registrar's Office, Vancouver Community College, 1155 East Broadway, Vancouver, B.C. V5T 4V5; 604.871.7000, option 4.

10. CONSENT TO RELEASE PERSONAL INFORMATION TO YOUR SCHOOL DISTRICT (MANDATORY)

I agree, by signing this form, to allow my school district to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC. This authorization is valid for two years from the date of signing.

School District

Signature

11. CONSENT TO RELEASE PERSONAL INFORMATION (OPTIONAL)

I agree, by signing this form, to allow another person, family member, employer or agency to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC. This authorization is valid for two years from the date of signing.

Name/Organization

Relationship to you

Signature

12. CONSENT TO INVOICE (COMPLETED BY SCHOOL DISTRICT)

Vancouver Community College is to invoice the school district for program fees as outlined in the Memorandum of Agreement (MOU) and Industry Training Authority Technical Training Partnership form (ITA TTP).

It is up to the school district to outline and recover any fees listed in the Industry Training Authority Technical Training Partnership Form (ITA TTP form) that the student is responsible for paying. Students may also be required to purchase supplies such as textbooks, kits and personal protection equipment. For book lists, kits, etc. check the bookstore at vcc.ca/bookstore. Some equipment may be purchased elsewhere.

School District

Signature

YOUTH TRAIN IN TRADES REGISTRATION FORM

Please complete and return this form to your district career coordinator. All *mandatory fields must be completed.

A. STUDENT INFORMATION

*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer	Personal Education Number (PEN):
*Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Primary Phone Number:	Secondary Phone Number:	*Email Address:
*Do you self-identify as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		

B. PARENT/GUARDIAN'S INFORMATION

I, _____
(print surname followed by given names of parent/guardian)

of _____
(street address) (city, town) (postal code)

Declare that:

- I am the custodial parent legal guardian of the minor named above; and,
- I authorize the school to release the information outlined in Sections A & B to SkilledTradesBC for the purpose of registering the student with SkilledTradesBC in a Youth Trade program; and to use the registration information for statistical data.
- I understand that I can only withdraw this consent by written request addressed to the school.

Student's Signature:	Date (MM/DD/YYYY)
Parent/Guardian's Signature:	Date (MM/DD/YYYY)
SD/Independent Board Authority Contact's Signature	Date (MM/DD/YYYY)

C. PROGRAM INFORMATION (TO BE COMPLETED BY SCHOOL DISTRICT OR INDEPENDENT BOARD AUTHORITY)

Program Type (Select one): <input type="checkbox"/> Level 1 <input type="checkbox"/> Foundation	TRAIN Intake (MM/YYYY):	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
*Trade Name:			