



Chilliwack  
School District

# Youth Work in Trades



## Youth Work in Trades Course Materials Package



## INSTRUCTIONS FOR COMPLETING THE YOUTH WORK IN TRADES COURSE MATERIALS PACKAGE

**Youth Work in Trades** (formerly the Secondary School Apprenticeship Program) provides skill development through practical, hands-on work experience. Students enrolled in these courses go to work and attend high school at the same time. This program consists of 480 hours of paid work which awards **16 credits** toward's high school graduation plus a **\$1000 cash award** if program is completed (a total of 900 hrs is required for completion).

This booklet is made up of **4 courses (16 credits)**:

Youth Work in Trades 11A (YWIT 11A),  
Youth Work in Trades 11B (YWIT 11B),  
Youth Work in Trades 12A (YWIT 12A),  
Youth Work in Trades 12B (YWIT 12B).

Each course requires 120 hours of work in your trade. You are also able to backdate up to 240 hours (120 hours per course) towards the program. (Prior credit for courses, Youth Work in Trades 11A & 11B)

I. **Youth Work in Trades 11A** (YWIT 11A = 120 hours worked)

1. Watch **WorkSafeBC Video** and complete **Workplace Safety Knowledge Test**
  - a. Read WBC Regulation 3.12: The Right to Refuse Unsafe Work, sign and date.
  - b. Complete the **Career Programs Site Safety Checklist** with your Employer/Supervisor.
2. Complete pages 1 and 2 of the **Training Plan**, on page 2 fill in specific duties from the Training Topics in the Program Guide specific to your trade:
  - Go to [www.itabc.ca](http://www.itabc.ca),
  - Select Find my trade,
  - Click on your trade,
  - Select Program Outline,
  - Scroll down to Occupational Analysis Chart (around page 11-12),
  - Select Training Topics that are specific and relevant to what you are doing at your job. Notice also that there are 3 columns where you list specific duties, "Observed, Performed with Help and Performed Alone", write down a specific duty in each column so that what you observed in 11A you might be "performing with help" in 11B and "performing alone" in 12A and B.

this **Training Plan** will be reviewed by the Apprenticeship Coordinator and your Employer.

3. Complete **Student Evaluation** and **Work Term Report** when you have completed 120 hours of work.
4. Complete **Work Base Training Log** per pay period, include the number of hours worked and a description of what you did on the job. This should correspond to the **Training Plan** you completed.
5. Complete part A of the **Work Based Training Hours Report** and have your employer complete Part B and C and return to you. This report can capture your previous or backdated hours that you completed before you were registered with the ITA.

**\*WHEN COMPLETE PLEASE REMOVE YOUTH WORK AND TRADES 11A, STAPLE AND HAND IN TO COLIN MITCHELL OR RICE CAUSTON!**

Please call, text or email if you have any questions:

Colin Mitchell, Apprenticeship Facilitator: [colin\\_mitchell@sd33.bc.ca](mailto:colin_mitchell@sd33.bc.ca), Cell: 604-798-0797

Amy (Rice) Causton, Apprenticeship Facilitator: [amy\\_causton@sd33.bc.ca](mailto:amy_causton@sd33.bc.ca), Cell: 604-798-3882



Chilliwack  
School District



# Youth Work in Trades I I A





Students need to understand the importance of Workplace Safety as it relates to the health and protection of young workers in the Province of British Columbia. In order to complete the required Safety assignment, discuss WCB Regulation 3.12 with your Career Programs Teacher/Facilitator, Watch the online program and complete the Workplace Safety Knowledge Test. Use the address below to access the online program:

**[Worksafebcmedia.com/rights/course/course1386.html](https://worksafebcmedia.com/rights/course/course1386.html)**



**WCB Regulation 3.12: The Right to Refuse Unsafe Work - Procedure for refusal**

1. A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.
2. A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer.
3. A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and
  - a. ensure that any unsafe condition is remedied without delay, or
  - b. if in his or her opinion the report is not valid, must so inform the person who made the report.
4. If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of
  - a. worker member of the joint committee,
  - b. worker who is selected by a trade union representing the worker, or
  - c. if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.
- 5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

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Student Signature

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Date





# **Workplace Safety Knowledge Test**

**1. If you believe a work procedure or tool to be unsafe, what must you do?**

- a. Refuse to do the procedure or use the tool
- b. Communicate your concerns with your supervisor
- c. Both (a) and (b)
- d. Either (a) or (b)

**2. Which of the following are your responsibilities as a worker?**

- a. To immediately correct unsafe conditions or report them right away to your supervisor
- b. To work without undue risk to yourself or others
- c. To ensure that your co-workers are properly trained
- d. To know how to handle any hazardous materials or chemicals you use on the job
- e. All of the above
- f. (a), (b) and (d) only
- g. (a), (c) and (d) only

**3. Which of the following topics must be included as part of new worker training and orientation?**

- a. Workplace health and safety rules
- b. Specific hazards to which the worker may be exposed
- c. Personal protective equipment (PPE)
- d. How to perform basic first aid procedures
- e. WHMIS information and requirements, where applicable
- f. All of the above
- g. (a), (b), (c) and (d) only
- h. (a), (b), (c) and (e) only

**4. Which of the following are considered an employer's rights and responsibilities?**

- a. Ensure the health and safety of workers
- b. Expect workers to follow health and safety procedures at all times
- c. Deduct 50% of the cost of training from workers' pay
- d. Establish occupational health and safety policies and programs
- e. (a), (c) and (d) only
- f. (a), (b) and (d) only

**5. Which of the following are considered a supervisor's rights and responsibilities?**

- a. Know the WorkSafeBC requirements that apply to the work being supervised
- b. Ensure personal protective equipment/clothing is available and maintained
- c. Investigate unsafe conditions reported to them immediately
- d. All of the above
- e. (a) and (b) only



**6. Your employer is required to provide and maintain personal protective equipment (PPE) and ensure that it is used.**

- a. True
- b. False

**7. Which of the following are general strategies for minimizing the risk of injury due to workplace hazards?**

- a. Keep workplace clear and uncluttered
- b. Wear/use appropriate protective equipment
- c. Follow all safety procedures
- d. Ask for assistance, if required
- e. All of the above

**8. When is it appropriate to refuse to do unsafe work?**

- a. When you have already completed assigned tasks?
- b. When you have reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person
- c. When you have not yet discussed a hazardous situation with your supervisor or employer
- d. When your coworker tells you to
- e. (b) or (c)

**9. Which of the following are consistent with the practice of due diligence?**

- a. Taking all reasonable precautions while conducting your work, health and safety responsibilities
- b. Protecting the well-being of fellow employees and co-workers
- c. Ensuring maximum productivity from each employee
- d. Documenting training records and work performance evaluations
- e. All of the above
- f. (a), (b) and (d) only

**10. What are some of the legal consequences for knowingly causing workplace accidents?**

- a. Prosecution
- b. Jail time
- c. Fines
- d. Criminal record
- e. All of the above



# Career Programs Site Safety Checklist

**Employer/Trainer and Student instructions:** Please complete the safety training checklist for all point that are relevant to the worksite by adding a check mark beside those items in which the worker received training. Return this page to your Career Program Coordinator/Facilitator once complete.

Worksite:	Trainer	Student	Comments
<b><u>Rights &amp; Responsibilities:</u></b>			
1. General duties of employers, workers & supervisors.			
2. Responsibility to report workplace hazards. ( and how to do so. )			
3. Safe work procedures for carrying out tasks			
<b><u>Hazard Recognition &amp; Injury Prevention</u></b>			
1. Personal protective and other safety equipment appropriate for the work site.			
2. Identifying known hazards in the workplace and how to manage them.			
<b><u>Incident &amp; Accident Response Procedures:</u></b>			
1. Identify fire exits, fire extinguishers, alarms and meeting point at the job site			
2. Name and contact information of first aid attendant (s) at the job site			
3. Location of first aid kits and eye wash stations.			
4. Procedures for responding to accidents and emergencies in the workplace			
<b><u>Hazardous Materials and WHMIS</u></b>			
1. Discuss what hazardous materials are in the workplace.			
2. Location of Material Safety Data Sheets.			

**Student Name:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_



## Student Information

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Work Site Information

Worksite Location (Business Name): \_\_\_\_\_

Worksite Address: \_\_\_\_\_  
\_\_\_\_\_

Worksite Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Worksite Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Worksafe BC (WCB) Number: \_\_\_\_\_

Employer On – Site Safety Orientation Provided: ☐ Yes ☐ No

Estimated Number of Hours to be worked: \_\_\_\_\_

Work Schedule: Hours/Dates must occur in the future:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Dates:							

## Student Focus Area:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business & Applied Business | <input type="checkbox"/> Health & Human Services   | <input type="checkbox"/> Tourism, Hospitality & Foods |
| <input type="checkbox"/> Fine Arts, Design & Media   | <input type="checkbox"/> Liberal Arts & Humanities | <input type="checkbox"/> Trades & Technology          |
| <input type="checkbox"/> Fitness & Recreation        | <input type="checkbox"/> Science & Applied Science | <input type="checkbox"/> Other: _____                 |

My current career plans include the following: \_\_\_\_\_

Educational Plans:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





List three (3) courses you have taken and describe how they relate to your focus area as indicated on previous page:

1. Course: \_\_\_\_\_ Relate: \_\_\_\_\_
2. Course: \_\_\_\_\_ Relate: \_\_\_\_\_
3. Course: \_\_\_\_\_ Relate: \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Please list the specific duties/tasks/skills to be performed and developed:**

Basic Duties /Tasks/Skills	Observed	Performed with Help	Performed Alone
Provide skills from the Occupational Analysis Chart eg. Apply personal safety practices.			
1.			
2.			
3.			

**Please Check ( ✓ ) the Employability Skills that you practiced during your placement.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others       |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility    | <input type="checkbox"/> Organized Planning        |
| <input type="checkbox"/> Use of Numbers         | <input type="checkbox"/> Adaptability      | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

**I understand that it is my responsibility to check in with the WEX Coordinator/ Teacher on a regular basis and complete the course by the required due date.**

**Student/Parent or Guardian:**

Students Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School:**

Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Employer:**

Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



## Student Information:

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Student # \_\_\_\_\_  
Career Program: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Work Dates: \_\_\_\_\_  
Address: \_\_\_\_\_

## Student Focus Area:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business & Applied Business | <input type="checkbox"/> Health & Human Services   | <input type="checkbox"/> Tourism, Hospitality & Foods |
| <input type="checkbox"/> Fine Arts, Design & Media   | <input type="checkbox"/> Liberal Arts & Humanities | <input type="checkbox"/> Trades & Technology          |
| <input type="checkbox"/> Fitness & Recreation        | <input type="checkbox"/> Science & Applied Science | <input type="checkbox"/> Other: _____                 |

**Please check ( ✓ ) the Employability Skills that you practiced during your placement.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others       |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility    | <input type="checkbox"/> Organized Planning        |
| <input type="checkbox"/> Use of Numbers         | <input type="checkbox"/> Adaptability      | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

**Please describe the type of work done and the tasks/duties preformed:**

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**Please list 3 work-place specific skills, tools or pieces of technology that you used during your placement:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Describe how this experience assisted you with planning for the future:**

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**Please return all completed forms to your Career Programs Teacher  
Missing forms will result in hours not being credited.**



**Answer each of the following questions in a point form or sentence style.  
Go deep in your thinking here – show growth!**

1. Describe the type of business (work) the company/organization does.

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2. Give an overview of your job, tasks, assignments routine duties and anything else you did.

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3. No matter what your job, you should be developing skills. Refer to the list of employability skills needed for any workplace. Check at least four (4) transferable skills that you consider important for the job you were doing.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others       |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility    | <input type="checkbox"/> Organized Planning        |
| <input type="checkbox"/> Use of Numbers         | <input type="checkbox"/> Adaptability      | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

4. Provide some examples of how you practiced each of the transferrable skills you identified in question #3. How will these skills help you be successful in your future career?

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5. What are some strategies that you could have (or did) use to minimize workplace hazards and meet your workplace safety responsibilities?

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6. Describe an example of a success you experienced on the job site.

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7. What did you learn from this experience? (What did you learn about the job, about working, about yourself? Did you encounter any problems? If so, how did you solve them?)

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8. Identify a new technical or workplace-specific skills that you learned or used? (ie: use of specific tool, computer software, cooking skill, inventory control, etc....)

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9. How has this work experience affected your career plans? (How have your future plans changed – or not changed – as a result of this experience?)

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**Once complete hand in to your Career program Teacher/Coordinator.  
Missing Assignments will result in hours not being credited.**



# Youth Work in Trades Work Based Training Log

Date (s)	Hours	Work Site & Detailed Description of Work Duties
Per pay period eg. Jan 1-15	40 hrs	Provide skills performed from Occupational Analysis Chart as outlined in Training Plan.
TOTAL HOURS:		





## WORK-BASED TRAINING HOURS REPORT

ITA Customer Service  
800 - 8100 Granville Ave  
Richmond, BC V6Y 3T6  
Tel: 778-328-8700  
Fax: 778-328-8701  
Toll Free: 1-866-660-6011  
customerservice@itabc.ca

### SPONSOR REPORT FOR WORK-BASED TRAINING HOURS

This form is used by employers / sponsors to report work-based training hours for an apprentice in any program. Missing information may delay the reporting process.

#### A. Apprentice Information

Please print clearly and return form to the address noted above

ITA Individual ID #:	Program (Trade) Name:	
*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	Email Address:	

#### B. Work-Based Training Hours Reporting Period

Ensure exact start and end dates are reported	Total number of work-based training hours reported during this period.
Start Date: _____ (MM/DD/YYYY)	Do not overlap any hours on this report with hours sent in previously. Note: We are unable to accept future dates for hours apprentices have not yet worked.
End Date: _____ (MM/DD/YYYY)	

#### C. Employer / Sponsor Approval

Were these hours worked for a previous/alternate employer? <input type="checkbox"/> Yes (Employer Name Required) <input type="checkbox"/> No	Previous/Alternate Employer Name:
Sponsor Organization Name:	Name of Authorized Sponsor Representative:
Sponsor Organization ID#:	Signature of Authorized Sponsor Representative:

*"I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision/direction of a certified tradesperson or equivalent."*

**The signature of the apprentice's registered sponsor or an authorized representative is required. Without it, the work-based training hours claimed in this report will not be added to the apprentice's record.**



Chilliwack  
School District



# Youth Work in Trades I I B



## II. Youth Work in Trades 11B (YWIT 11B = 120 hours worked)

1. Complete pages 1 and 2 of the **Training Plan**, on page 2 fill in specific duties from the Training Topics in the Program Guide specific to your trade:

- Go to [www.itabc.ca](http://www.itabc.ca),
- Select Find my trade,
- Click on your trade,
- Select Program Outline,
- Scroll down to Occupational Analysis Chart (around page 11-12),
- Select Training Topics that are specific and relevant to what you are doing at your job. Notice also that there are 3 columns where you list specific duties, “Observed, Performed with Help and Performed Alone”, write down a specific duty in each column so that what you observed in 11A you might be “performing with help” in 11B and “performing alone” in 12A and B.

**NOTE:** The **Training Plans** and **Work Logs** might be repetitive which is ok if that is what you are doing in your job. The idea is that you show growth and learning throughout the 4 courses.

this **Training Plan** will be reviewed by the Apprenticeship Coordinator and your Employer.

2. Complete **Student Evaluation** and **Work Term Report** when you have completed 120 hours of work.
3. Complete **Work Base Training Log** per pay period, include the number of hours worked and a description of what you did on the job. This should correspond to the **Training Plan** you completed.
4. Complete part A of the **Work Based Training Hours Report** and have your employer complete Part B and C and return to you.

**\*WHEN COMPLETE PLEASE REMOVE YOUTH WORK AND TRADES 11B, STAPLE AND HAND IN TO COLIN MITCHELL OR RICE CAUSTON!**

Please call, text or email if you have any questions:

Colin Mitchell, Apprenticeship Facilitator: [colin\\_mitchell@sd33.bc.ca](mailto:colin_mitchell@sd33.bc.ca), Cell: 604-798-0797

Amy (Rice) Causton, Apprenticeship Facilitator: [amy\\_causton@sd33.bc.ca](mailto:amy_causton@sd33.bc.ca), Cell: 604-798-3882



## Student Information

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Work Site Information

Worksite Location (Business Name): \_\_\_\_\_

Worksite Address:

\_\_\_\_\_

Worksite Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Worksite Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Worksafe BC (WCB) Number: \_\_\_\_\_

Employer On – Site Safety Orientation Provided: ☐ Yes ☐ No

Estimated Number of Hours to be worked: \_\_\_\_\_

Work Schedule: Hours/Dates must occur in the future:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Dates:							

## Student Focus Area:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business & Applied Business | <input type="checkbox"/> Health & Human Services   | <input type="checkbox"/> Tourism, Hospitality & Foods |
| <input type="checkbox"/> Fine Arts, Design & Media   | <input type="checkbox"/> Liberal Arts & Humanities | <input type="checkbox"/> Trades & Technology          |
| <input type="checkbox"/> Fitness & Recreation        | <input type="checkbox"/> Science & Applied Science | <input type="checkbox"/> Other: _____                 |

My current career plans include the following: \_\_\_\_\_

\_\_\_\_\_

Educational Plans:

\_\_\_\_\_

\_\_\_\_\_



List three (3) courses you have taken and describe how they relate to your focus area as indicated on previous page:

1. Course: \_\_\_\_\_ Relate: \_\_\_\_\_
2. Course: \_\_\_\_\_ Relate: \_\_\_\_\_
3. Course: \_\_\_\_\_ Relate: \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Please list the specific duties/tasks/skills to be performed and developed:**

Basic Duties /Tasks/Skills	Observed	Performed with Help	Performed Alone
Provide skills from Occupational Analysis Chart, eg. Apply personal safety practice.			
1.			
2.			
3.			

**Please Check ( ✓ ) the Employability Skills that you practiced during your placement.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others       |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility    | <input type="checkbox"/> Organized Planning        |
| <input type="checkbox"/> Use of Numbers         | <input type="checkbox"/> Adaptability      | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

**I understand that it is my responsibility to check in with the WEX Coordinator/ Teacher on a regular basis and complete the course by the required due date.**

**Student/Parent or Guardian:**

Students Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School:**

Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Employer:**

Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_





## Student Information:

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Student # \_\_\_\_\_  
Career Program: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Work Dates: \_\_\_\_\_  
Address: \_\_\_\_\_

## Student Focus Area:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business & Applied Business | <input type="checkbox"/> Health & Human Services   | <input type="checkbox"/> Tourism, Hospitality & Foods |
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**Please check ( ✓ ) the Employability Skills that you practiced during your placement.**

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|---|--|--|
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| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

**Please describe the type of work done and the tasks/duties preformed:**

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**Please list 3 work-place specific skills, tools or pieces of technology that you used during your placement:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Describe how this experience assisted you with planning for the future:**

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**Please return all completed forms to your Career Programs Teacher  
Missing forms will result in hours not being credited.**



**Answer each of the following questions in a point form or sentence style.  
Go deep in your thinking here – show growth!**

1. Describe the type of business (work) the company/organization does.

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2. Give an overview of your job, tasks, assignments routine duties and anything else you did.

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3. No matter what your job, you should be developing skills. Refer to the list of employability skills needed for any workplace. Check at least four (4) transferable skills that you consider important for the job you were doing.

- |   |  |  |
|---|--|--|
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| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility    | <input type="checkbox"/> Organized Planning        |
| <input type="checkbox"/> Use of Numbers         | <input type="checkbox"/> Adaptability      | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

4. Provide some examples of how you practiced each of the transferrable skills you identified in question #3. How will these skills help you be successful in your future career?

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5. What are some strategies that you could have (or did) use to minimize workplace hazards and meet your workplace safety responsibilities?

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6. Describe an example of a success you experienced on the job site.

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7. What did you learn from this experience? (What did you learn about the job, about working, about yourself? Did you encounter any problems? If so, how did you solve them?)

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8. Identify a new technical or workplace-specific skills that you learned or used? (ie: use of specific tool, computer software, cooking skill, inventory control, etc....)

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9. How has this work experience affected your career plans? (How have your future plans changed – or not changed – as a result of this experience?)

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**Once complete hand in to your Career program Teacher/Coordinator.  
Missing Assignments will result in hours not being credited.**



# Youth Work in Trades Work Based Training Log

Date (s)	Hours	Work Site & Detailed Description of Work Duties
Per pay period eg. Jan 1-15	40 hrs.	Provide skills performed from Occupational Analysis Chart as outlined in Training Plan
<b>TOTAL HOURS:</b>	_____	



## WORK-BASED TRAINING HOURS REPORT

ITA Customer Service  
800 - 8100 Granville Ave  
Richmond, BC V6Y 3T6  
Tel: 778-328-8700  
Fax: 778-328-8701  
Toll Free: 1-866-660-6011  
customerservice@itabc.ca

### SPONSOR REPORT FOR WORK-BASED TRAINING HOURS

This form is used by employers / sponsors to report work-based training hours for an apprentice in any program. Missing information may delay the reporting process.

#### A. Apprentice Information

Please print clearly and return form to the address noted above

ITA Individual ID #:	Program (Trade) Name:	
*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	Email Address:	

#### B. Work-Based Training Hours Reporting Period

Ensure exact start and end dates are reported	Total number of work-based training hours reported during this period.
Start Date: _____ (MM/DD/YYYY)	Do not overlap any hours on this report with hours sent in previously. Note: We are unable to accept future dates for hours apprentices have not yet worked.
End Date: _____ (MM/DD/YYYY)	

#### C. Employer / Sponsor Approval

Were these hours worked for a previous/alternate employer? <input type="checkbox"/> Yes (Employer Name Required) <input type="checkbox"/> No	Previous/Alternate Employer Name:
Sponsor Organization Name:	Name of Authorized Sponsor Representative:
Sponsor Organization ID#:	Signature of Authorized Sponsor Representative:

*"I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision/direction of a certified tradesperson or equivalent."*

**The signature of the apprentice's registered sponsor or an authorized representative is required. Without it, the work-based training hours claimed in this report will not be added to the apprentice's record.**





Chilliwack  
School District



# Youth Work in Trades 12 A



### III. Youth Work in Trades 12A (YWIT 12A = 120 hours worked)

1. Complete pages 1 and 2 of the **Training Plan**, on page 2 fill in specific duties from the Training Topics in the Program Guide specific to your trade:

- Go to [www.itabc.ca](http://www.itabc.ca),
- Select Find my trade,
- Click on your trade,
- Select Program Outline,
- Scroll down to Occupational Analysis Chart (around page 11-12),
- Select Training Topics that are specific and relevant to what you are doing at your job. Notice also that there are 3 columns where you list specific duties, "Observed, Performed with Help and Performed Alone", write down a specific duty in each column so that what you observed in 11A you might be "performing with help" in 11B and "performing alone" in 12A and B.

**NOTE:** The **Training Plans** and **Work Logs** might be repetitive which is ok if that is what you are doing in your job. The idea is that you show growth and learning throughout the 4 courses.

this **Training Plan** will be reviewed by the Apprenticeship Coordinator and your Employer.

2. Complete **Student Evaluation** and **Work Term Report** when you have completed 120 hours of work.
3. Complete **Work Base Training Log** per pay period, include the number of hours worked and a description of what you did on the job. This should correspond to the **Training Plan** you completed.
4. Complete part A of the **Work Based Training Hours Report** and have your employer complete Part B and C and return to you.
5. Have Employer complete **Employer Feedback 12A** sheet and return to you.

**\*WHEN COMPLETE PLEASE REMOVE YOUTH WORK AND TRADES 12A, STAPLE AND HAND IN TO COLIN MITCHELL OR RICE CAUSTON!**

Please call, text or email if you have any questions:

Colin Mitchell, Apprenticeship Facilitator: [colin\\_mitchell@sd33.bc.ca](mailto:colin_mitchell@sd33.bc.ca), Cell: 604-798-0797

Amy (Rice) Causton, Apprenticeship Facilitator: [amy\\_causton@sd33.bc.ca](mailto:amy_causton@sd33.bc.ca), Cell: 604-798-3882



## Student Information

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Work Site Information

Worksite Location (Business Name): \_\_\_\_\_

Worksite Address: \_\_\_\_\_  
\_\_\_\_\_

Worksite Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Worksite Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Worksafe BC (WCB) Number: \_\_\_\_\_

Employer On – Site Safety Orientation Provided: ☐ Yes ☐ No

Estimated Number of Hours to be worked: \_\_\_\_\_

Work Schedule: Hours/Dates must occur in the future:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Dates:							

## Student Focus Area:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business & Applied Business | <input type="checkbox"/> Health & Human Services   | <input type="checkbox"/> Tourism, Hospitality & Foods |
| <input type="checkbox"/> Fine Arts, Design & Media   | <input type="checkbox"/> Liberal Arts & Humanities | <input type="checkbox"/> Trades & Technology          |
| <input type="checkbox"/> Fitness & Recreation        | <input type="checkbox"/> Science & Applied Science | <input type="checkbox"/> Other: _____                 |

My current career plans include the following: \_\_\_\_\_

Educational Plans:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



List three (3) courses you have taken and describe how they relate to your focus area as indicated on previous page:

1. Course: \_\_\_\_\_ Relate: \_\_\_\_\_
2. Course: \_\_\_\_\_ Relate: \_\_\_\_\_
3. Course: \_\_\_\_\_ Relate: \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Please list the specific duties/tasks/skills to be performed and developed:**

Basic Duties /Tasks/Skills	Observed	Performed with Help	Performed Alone
Provide skills from Occupational Analysis Chart, eg. Apply personal safety practices.			
1.			
2.			
3.			

**Please Check ( ✓ ) the Employability Skills that you practiced during your placement.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others       |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility    | <input type="checkbox"/> Organized Planning        |
| <input type="checkbox"/> Use of Numbers         | <input type="checkbox"/> Adaptability      | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

**I understand that it is my responsibility to check in with the WEX Coordinator/ Teacher on a regular basis and complete the course by the required due date.**

**Student/Parent or Guardian:**

Students Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School:**

Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Employer:**

Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



## Student Information:

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Student # \_\_\_\_\_  
Career Program: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Work Dates: \_\_\_\_\_  
Address: \_\_\_\_\_

## Student Focus Area:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business & Applied Business | <input type="checkbox"/> Health & Human Services   | <input type="checkbox"/> Tourism, Hospitality & Foods |
| <input type="checkbox"/> Fine Arts, Design & Media   | <input type="checkbox"/> Liberal Arts & Humanities | <input type="checkbox"/> Trades & Technology          |
| <input type="checkbox"/> Fitness & Recreation        | <input type="checkbox"/> Science & Applied Science | <input type="checkbox"/> Other: _____                 |

**Please check ( ✓ ) the Employability Skills that you practiced during your placement.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others       |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility    | <input type="checkbox"/> Organized Planning        |
| <input type="checkbox"/> Use of Numbers         | <input type="checkbox"/> Adaptability      | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

**Please describe the type of work done and the tasks/duties preformed:**

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**Please list 3 work-place specific skills, tools or pieces of technology that you used during your placement:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Describe how this experience assisted you with planning for the future:**

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**Please return all completed forms to your Career Programs Teacher  
Missing forms will result in hours not being credited.**





It is expected that students will practice and demonstrate the use of Employability skills, a positive work ethic, use of workplace-specific skills and be able to analyze and solve problems on the worksite.

## Employer/Supervisor Feedback:

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Dates: \_\_\_\_\_

**NA** Not Applicable **1** Needs Improvement **2** Satisfactory **3** Above Average **4** Excellent

	NA	1	2	3	4
Manages Information - Communication					
Problem Solving & Decision making skills					
A positive attitude towards one's duties					
Demonstrates work ethic including confidentiality, regular attendance, punctuality, honesty, trustworthiness, responsibility, etc.					
A respect for diversity and individual differences					
Ability to work well with others – Team work					
Learns from mistakes and accepts feedback					

What are the student's main strengths? \_\_\_\_\_

What are your recommended areas for improvement & growth for the student?

\_\_\_\_\_

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

Employer/Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_



**Answer each of the following questions in a point form or sentence style.  
Go deep in your thinking here – show growth!**

1. Describe the type of business (work) the company/organization does.

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2. Give an overview of your job, tasks, assignments routine duties and anything else you did.

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3. No matter what your job, you should be developing skills. Refer to the list of employability skills needed for any workplace. Check at least four (4) transferable skills that you consider important for the job you were doing.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others       |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility    | <input type="checkbox"/> Organized Planning        |
| <input type="checkbox"/> Use of Numbers         | <input type="checkbox"/> Adaptability      | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

4. Provide some examples of how you practiced each of the transferrable skills you identified in question #3. How will these skills help you be successful in your future career?

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5. What are some strategies that you could have (or did) use to minimize workplace hazards and meet your workplace safety responsibilities?

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6. Describe an example of a success you experienced on the job site.

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7. What did you learn from this experience? (What did you learn about the job, about working, about yourself? Did you encounter any problems? If so, how did you solve them?)

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8. Identify a new technical or workplace-specific skills that you learned or used? (ie: use of specific tool, computer software, cooking skill, inventory control, etc....)

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9. How has this work experience affected your career plans? (How have your future plans changed – or not changed – as a result of this experience?)

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**Once complete hand in to your Career program Teacher/Coordinator.  
Missing Assignments will result in hours not being credited.**



Date (s)	Hours	Work Site & Detailed Description of Work Duties
Per pay period, eg. Jan 1-15	40 hrs.	Provide skills performed from OAC as outlined in Training Plan.
<b>TOTAL HOURS:</b>	_____	



## WORK-BASED TRAINING HOURS REPORT

ITA Customer Service  
800 - 8100 Granville Ave  
Richmond, BC V6Y 3T6  
Tel: 778-328-8700  
Fax: 778-328-8701  
Toll Free: 1-866-660-6011  
customerservice@itabc.ca

### SPONSOR REPORT FOR WORK-BASED TRAINING HOURS

This form is used by employers / sponsors to report work-based training hours for an apprentice in any program. Missing information may delay the reporting process.

#### A. Apprentice Information

Please print clearly and return form to the address noted above

ITA Individual ID #:	Program (Trade) Name:	
*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	Email Address:	

#### B. Work-Based Training Hours Reporting Period

Ensure exact start and end dates are reported	Total number of work-based training hours reported during this period.
Start Date: _____ (MM/DD/YYYY)	Do not overlap any hours on this report with hours sent in previously. Note: We are unable to accept future dates for hours apprentices have not yet worked.
End Date: _____ (MM/DD/YYYY)	

#### C. Employer / Sponsor Approval

Were these hours worked for a previous/alternate employer? <input type="checkbox"/> Yes (Employer Name Required) <input type="checkbox"/> No	Previous/Alternate Employer Name:
Sponsor Organization Name:	Name of Authorized Sponsor Representative:
Sponsor Organization ID#:	Signature of Authorized Sponsor Representative:

*"I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision/direction of a certified tradesperson or equivalent."*

**The signature of the apprentice's registered sponsor or an authorized representative is required. Without it, the work-based training hours claimed in this report will not be added to the apprentice's record.**



Chilliwack  
School District



# Youth Work in Trades 12 B



#### IV. Youth Work in Trades 12B (YWIT 12B = 120 hours worked)

1. Complete pages 1 and 2 of the **Training Plan**, on page 2 fill in specific duties from the Training Topics in the Program Guide specific to your trade:

- Go to [www.itabc.ca](http://www.itabc.ca),
- Select Find my trade,
- Click on your trade,
- Select Program Outline,
- Scroll down to Occupational Analysis Chart (around page 11-12),
- Select Training Topics that are specific and relevant to what you are doing at your job. Notice also that there are 3 columns where you list specific duties, "Observed, Performed with Help and Performed Alone", write down a specific duty in each column so that what you observed in 11A you might be "performing with help" in 11B and "performing alone" in 12A and B.

**NOTE:** The **Training Plans** and **Work Logs** might be repetitive which is ok if that is what you are doing in your job. The idea is that you show growth and learning throughout the 4 courses.

this **Training Plan** will be reviewed by the Apprenticeship Coordinator and your Employer.

2. Complete **Student Evaluation** and **Work Term Report** when you have completed 120 hours of work.
3. Complete **Work Base Training Log** per pay period, include the number of hours worked and a description of what you did on the job. This should correspond to the **Training Plan** you completed.
4. Complete part A of the **Work Based Training Hours Report** and have your employer complete Part B and C and return to you.
5. Have Employer complete **Employer Feedback 12B** sheet and return to you.
6. Complete **Youth Work in Trades Award Application**. (Don't forget to sign and include your Social Insurance Number (SIN))

**\*WHEN COMPLETE PLEASE REMOVE YOUTH WORK AND TRADES 12B, STAPLE AND HAND IN TO COLIN MITCHELL OR RICE CAUSTON!**

Please call, text or email if you have any questions:

Colin Mitchell, Apprenticeship Facilitator: [colin\\_mitchell@sd33.bc.ca](mailto:colin_mitchell@sd33.bc.ca), Cell: 604-798-0797

Amy (Rice) Causton, Apprenticeship Facilitator: [amy\\_causton@sd33.bc.ca](mailto:amy_causton@sd33.bc.ca), Cell: 604-798-3882



## Student Information

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Work Site Information

Worksite Location (Business Name): \_\_\_\_\_

Worksite Address:

\_\_\_\_\_

Worksite Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Worksite Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Worksafe BC (WCB) Number: \_\_\_\_\_

Employer On – Site Safety Orientation Provided: ☐ Yes ☐ No

Estimated Number of Hours to be worked: \_\_\_\_\_

Work Schedule: Hours/Dates must occur in the future:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Dates:							

## Student Focus Area:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business & Applied Business | <input type="checkbox"/> Health & Human Services   | <input type="checkbox"/> Tourism, Hospitality & Foods |
| <input type="checkbox"/> Fine Arts, Design & Media   | <input type="checkbox"/> Liberal Arts & Humanities | <input type="checkbox"/> Trades & Technology          |
| <input type="checkbox"/> Fitness & Recreation        | <input type="checkbox"/> Science & Applied Science | <input type="checkbox"/> Other: _____                 |

My current career plans include the following: \_\_\_\_\_

\_\_\_\_\_

Educational Plans:

\_\_\_\_\_

\_\_\_\_\_





List three (3) courses you have taken and describe how they relate to your focus area as indicated on previous page:

1. Course: \_\_\_\_\_ Relate: \_\_\_\_\_
2. Course: \_\_\_\_\_ Relate: \_\_\_\_\_
3. Course: \_\_\_\_\_ Relate: \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Please list the specific duties/tasks/skills to be performed and developed:**

Basic Duties /Tasks/Skills	Observed	Performed with Help	Performed Alone
Provide skills from Occupational Analysis Chart, eg. Apply personal safety practices.			
1.			
2.			
3.			

**Please Check ( ✓ ) the Employability Skills that you practiced during your placement.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others       |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility    | <input type="checkbox"/> Organized Planning        |
| <input type="checkbox"/> Use of Numbers         | <input type="checkbox"/> Adaptability      | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

**I understand that it is my responsibility to check in with the WEX Coordinator/ Teacher on a regular basis and complete the course by the required due date.**

**Student/Parent or Guardian:**

Students Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School:**

Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Employer:**

Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



## Student Information:

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Student # \_\_\_\_\_

Career Program: \_\_\_\_\_ Teacher: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Work Dates: \_\_\_\_\_

Address: \_\_\_\_\_

## Student Focus Area:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business & Applied Business | <input type="checkbox"/> Health & Human Services   | <input type="checkbox"/> Tourism, Hospitality & Foods |
| <input type="checkbox"/> Fine Arts, Design & Media   | <input type="checkbox"/> Liberal Arts & Humanities | <input type="checkbox"/> Trades & Technology          |
| <input type="checkbox"/> Fitness & Recreation        | <input type="checkbox"/> Science & Applied Science | <input type="checkbox"/> Other: _____                 |

**Please check ( ✓ ) the Employability Skills that you practiced during your placement.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others       |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility    | <input type="checkbox"/> Organized Planning        |
| <input type="checkbox"/> Use of Numbers         | <input type="checkbox"/> Adaptability      | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

**Please describe the type of work done and the tasks/duties preformed:**

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**Please list 3 work-place specific skills, tools or pieces of technology that you used during your placement:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Describe how this experience assisted you with planning for the future:**

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**Please return all completed forms to your Career Programs Teacher  
Missing forms will result in hours not being credited.**



**Answer each of the following questions in a point form or sentence style.  
Go deep in your thinking here – show growth!**

1. Describe the type of business (work) the company/organization does.

---

2. Give an overview of your job, tasks, assignments routine duties and anything else you did.

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---

---

3. No matter what your job, you should be developing skills. Refer to the list of employability skills needed for any workplace. Check at least four (4) transferable skills that you consider important for the job you were doing.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others       |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility    | <input type="checkbox"/> Organized Planning        |
| <input type="checkbox"/> Use of Numbers         | <input type="checkbox"/> Adaptability      | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

4. Provide some examples of how you practiced each of the transferrable skills you identified in question #3. How will these skills help you be successful in your future career?

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5. What are some strategies that you could have (or did) use to minimize workplace hazards and meet your workplace safety responsibilities?

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6. Describe an example of a success you experienced on the job site.

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7. What did you learn from this experience? (What did you learn about the job, about working, about yourself? Did you encounter any problems? If so, how did you solve them?)

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8. Identify a new technical or workplace-specific skills that you learned or used? (ie: use of specific tool, computer software, cooking skill, inventory control, etc....)

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9. How has this work experience affected your career plans? (How have your future plans changed – or not changed – as a result of this experience?)

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**Once complete hand in to your Career program Teacher/Coordinator.  
Missing Assignments will result in hours not being credited.**



It is expected that students will practice and demonstrate the use of Employability skills, a positive work ethic, use of workplace-specific skills and be able to analyze and solve problems on the worksite.

## Employer/Supervisor Feedback:

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Dates: \_\_\_\_\_

**NA** Not Applicable **1** Needs Improvement **2** Satisfactory **3** Above Average **4** Excellent

	NA	1	2	3	4
Manages Information - Communication					
Problem Solving & Decision making skills					
A positive attitude towards one's duties					
Demonstrates work ethic including confidentiality, regular attendance, punctuality, honesty, trustworthiness, responsibility, etc.					
A respect for diversity and individual differences					
Ability to work well with others – Team work					
Learns from mistakes and accepts feedback					

What are the student's main strengths? \_\_\_\_\_

What are your recommended areas for improvement & growth for the student?

\_\_\_\_\_

Additional comments:

\_\_\_\_\_  
\_\_\_\_\_

Employer/Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_



Date (s)	Hours	Work Site & Detailed Description of Work Duties
Per pay period eg. Jan 1-15	40 hrs.	Provide skills performed from OAC as outlined in Training Plan.
<b>TOTAL HOURS:</b>	_____	



## WORK-BASED TRAINING HOURS REPORT

ITA Customer Service  
800 - 8100 Granville Ave  
Richmond, BC V6Y 3T6  
Tel: 778-328-8700  
Fax: 778-328-8701  
Toll Free: 1-866-660-6011  
customerservice@itabc.ca

### SPONSOR REPORT FOR WORK-BASED TRAINING HOURS

This form is used by employers / sponsors to report work-based training hours for an apprentice in any program. Missing information may delay the reporting process.

#### A. Apprentice Information

Please print clearly and return form to the address noted above

ITA Individual ID #:	Program (Trade) Name:	
*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	Email Address:	

#### B. Work-Based Training Hours Reporting Period

Ensure exact start and end dates are reported	Total number of work-based training hours reported during this period.
Start Date: _____ (MM/DD/YYYY)	_____  Do not overlap any hours on this report with hours sent in previously. Note: We are unable to accept future dates for hours apprentices have not yet worked.
End Date: _____ (MM/DD/YYYY)	

#### C. Employer / Sponsor Approval

Were these hours worked for a previous/alternate employer? <input type="checkbox"/> Yes (Employer Name Required) <input type="checkbox"/> No	Previous/Alternate Employer Name:
Sponsor Organization Name:	Name of Authorized Sponsor Representative:
Sponsor Organization ID#:	Signature of Authorized Sponsor Representative:

*"I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision/direction of a certified tradesperson or equivalent."*

**The signature of the apprentice's registered sponsor or an authorized representative is required. Without it, the work-based training hours claimed in this report will not be added to the apprentice's record.**



Chilliwack  
School District

# Youth Work in Trades Award Application

## Youth Work in Trades Application

This \$1000 dollar award is available to Youth in Trades for sustained and exceptional work as an apprentice. The money is intended to assist the apprentice with the purchase of tools, equipment, materials, or tuition necessary to continue on in their trade.

**To be eligible for the Award, ITA registered apprentices/trainees must have:**

- Been registered in a school district Youth in Trades program
- Graduated with a Grade 12 Dogwood Diploma or Adult Dogwood
- Successfully completed WRK 11A, 11B, 12A, 12B
- Maintained a C+ average or better on Grade 12 numbered courses
- Continued working or training full time in the trade five months after secondary school graduation (or have 900 hours reported to the ITA)

- STUDENT SIGNATURE:

\_\_\_\_\_



### Student Information:

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PEN#: \_\_\_\_\_

SIN#: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

ITA Registration #: \_\_\_\_\_

Trade: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

School: \_\_\_\_\_

Signing Date: \_\_\_\_\_

Work in Trades Coordinator: \_\_\_\_\_