

Student Name:		



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,
 - 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.

- Complete Student Reflection and Work Term Report when you have completed 120 hours of work.
- Complete Work Based 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.
- 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 <u>YOUTH WORK IN TRADES 12B,</u> STAPLE AND SUBMIT TO YOUR SCHOOL APPRENTICESHIP FACILITATOR



Youth WORK in Trades 12B Training Plan

Student Information	<u>on</u>							
Student Name:		I	Home Phone:					
Student Email:					Cell Phone:			
Work Site Informa	<u>tion</u>							
Worksite Location (Bu	siness Name	e):						
Worksite Address:								
Worksite Supervisor:					Position:			
Worksite Phone Num	orksite Phone Number:							
Worksafe BC (WCB) Ac	Worksafe BC (WCB) Account Number:							
Employer On-Site Safe	ety Orientati	on Provided	d:	Yes	No			
Estimated Number of	Hours to be	worked:						
Work Schedule: Hour	s/Dates mus	st occur in t	he future:					
	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	
Dates:								
or, Date	Range:							_
My current career pla	My current career plans include the following:							
Educational Plans:								



Youth WORK in Trades 12B Training Plan

List three (3) courses you have taken an on previous page:	d de	scrib	e how they re	late to yo	ur w	orkplace as in	dicated
1. Course: 2. Course: 3. Course:			Relate:_				
Job Title:							
Please list the specific duties/tasks/skil	ls to	be p	erformed and	develop	ed:	1	
Basic Duties / Tasks/ Skills			Observed	Perforn	ned	with Help	Performed Alone
Provide skills from the Occupational Anachart (e.g. Apply personal safety practic	•	S					
1.							
2.							
3.							
Please Check (\forall) the Employability Sk	ills t	hat y	ou practiced o	during yo	ur pl	acement.	
□ Communication□ Information Management□ Use of Numbers□ Willingness to learn		Res	itive Attitude ponsibility ptability rkplace Safety			Working with Organized Pla Problem Solvi Effective Time	nning
I understand that it is my respons Teacher on a regular basis and co		_				-	
Student/Parent or Guardian:							
StudentName:Parent Signature:			Signat	ure: ate:			·
Youth Work in Trades Teacher:							
Teacher Name:							
Employer:			Dat	e:			
Contact Name:				ature: e:			



Youth WORK in Trades 12B Student Reflection

St	udent Information:				
Stı	udent Name:		School:		Student #
				B Teacher:	
Г	andaau				Dhana
Em	nployer:		Ctoxt	Data	Pnone:
Зu	pervisor:		Start End C	Date	
Ad	dress:				
			flections are required a		
Ρle	ease check (\checkmark) the Employ	ability	Skills that you prac	ticed d	uring your placement.
	Communication		Positive Attitude		Working with Others
	Information Management		Responsibility		Organized Planning
	Use of Numbers		Adaptability		Problem Solving
	Willingness to learn		Workplace Safety		Effective Time Management
	ease list 3 work-place speci ur placement:	fic skil	ls, tools or pieces o	f techno	ology that you used during
L					
2					
3					
De	scribe how this experience	assist	ed you with plannin	ng for th	he future:
	dont Cinnatura		Dok		
Jtu	dent Signature:			··	

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



Youth WORK in Trades 12B Work Term Report

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

L. Describe the kind of business ((work)	the company/organiz	ation doe	es.
2. Give an overview of your job, t	tasks,	assignments, routine o	luties and	d anything else you did.
3. No matter what your job, you needed for any workplace listed b	elow.			
mportant for the job you were do		D ''' A '''		W 1: "I OI
Communication		Positive Attitude		Working with Others
Information Management		Responsibility		Organized Planning
Use of NumbersWillingness to learn		Adaptability Workplace Safety		Problem Solving Effective Time Management
	_	tromplate earce,	_	
uestion #3. How will these skills l	пеір у	ou be successful in you	ir iuture	career :
i. What are some strategies that your workplace safety responsibili		uld have (or did) use to	o minimiz	ze workplace hazards and mee
. Describe an example of a succe	ss you	experienced on the jo	b site.	



Youth WORK in Trades 12B Work Term Report

7. What did you learn from this experie yourself? Did you encounter any proble	ence? (What did you learn about the job, about working, about ems? If so, how did you solve them?)
8. Identify a new technical or workplac computer software, cooking skill, inven	re-specific skills that you learned or used? (e.g. use of specific tool, ntory control, etc.)
9. How has this work experience affect not changed – as a result of this experience	ted your career plans? (How have your future plans changed – or ence?)
Student Name:	Date:

Once complete, hand in to your Youth WORK in Trades Teacher. Missing Assignments will result in hours not being credited.



Youth WORK in Trades 12B Employer Feedback

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.

imployer/Supervisor Feedback: Student Name:		School				
Employer:						
NA Non-Applicable 1 Needs Improvement 2 Satisfactor						
	N/A	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?		ent?				
additional comments:						
mployer/Supervisor Signature:		Date	:			



TOTAL HOURS:

Youth WORK in Trades 12B Work Based Training Log

Student Name: Scan the QR code or g https://www.itabc.co for the Occupational	o to n/discover-appren	nticeship-programs/search-programs your chosen trade
Date (s)	Hours	Work Site & Detailed Description of Work Duties
Per pay period (e.g. Jan. 1 - 15)	40 hrs.	Provide skills performed from Occupational Analysis Chart , as outlined in Training Plan

Youth WORK in Trades 12B



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 Informa	ition	PI	lease print clearly	and return form to the address noted above	
ITA Individual ID #:		Program (Trade) Nan	ne:		
*Legal First Name:		Legal Middle Name (s	*Legal Last Name:		
*Date of Birth (MM/DD/YYYY)	:	Email Address:			
B. Work-Based Traini	ng Hours Repoi	rting Period			
Ensure exact start and er	nd dates are repor	rted	Total number of this period.	work-based training hours reported during	
Start Date:	(MM/DD/YYYY	<u>()</u>			
End Date:	(MM/DD/YYYY	<u>')</u>	Do not overlap any hours on this report with hours sent in previousl Note: We are unable to accept future dates for hours apprentices have worked.		
C. Employer / Sponsor	Approval				
Were these hours worked for a previous/alternate employer?		Previous/Alternate Er	mployer Name:		
☐ Yes (Employer Name Requ	Jirea) L	□ No			
Sponsor Organization Name:			Name of Authorized	Sponsor Representative:	
Sponsor Organization ID#:			Signature of Authoriz	ed 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.



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: