



Chilliwack
School District



Youth Work in Trades I I B





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. ex: 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:

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:

**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.

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?

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

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



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?)

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....)

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?)

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



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)	_____
End 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.

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:
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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.