

# ACCELERATED Ontario Youth Apprenticeship Programs



## STUDENT APPLICATION FORMS

The Accelerated Ontario Youth Apprenticeship Program provides senior secondary students the opportunity to attend **Apprenticeship Training** and work with employers in Cooperative Education work placements as **registered apprentices**. This program is funded by the Ministry of Training, Colleges and Universities.

### To be eligible for the accelerated program the student must:

1. be 16 years of age or older
2. have successfully completed a minimum of 20 credits toward their O.S.S.D.
3. have successfully completed the appropriate related course work
4. attend an interview session and learn about all program requirements
5. be a registered apprentice
6. have the appropriate attitude, attendance and aptitude to be successful
7. receive two positive "Teacher References."

### Please be advised of the following OYAP policies:

1. Selection of students will be based on the availability of the program, work placements, and the suitability of the candidate.
2. Students are not guaranteed admission into an accelerated program or that the program will run if there is insufficient interest.
3. Remuneration is not guaranteed in this program. Employers are not obligated to pay students during their Cooperative Education placement.
4. Transportation to school, training centres and placements is the responsibility of the student.
5. This is a four credit cooperative education program.
6. This program runs for the entire semester.

### Overview of the Program:

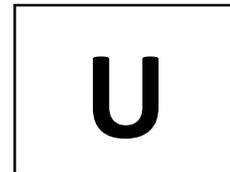
1. All students will report to their home school for pre-employment seminars prior to their Accelerated Program placements.
2. Students will split their time between the training facility and the Cooperative Education placement for a total of 440 hours.
3. All Accelerated OYAP programs are Dual Credit and participating students will receive a maximum of four credits per semester.
4. Students will receive Apprenticeship theory instruction in state of the art training facilities.
5. The Ministry of Training, Colleges and Universities funds the tuition to the training facility for each student participating in the Program.
6. All expenses incurred are the applicant's responsibility.

**Please indicate the Accelerated Program of your choice.**

<b>X</b>	<b>PROGRAM</b>	<b>LOCATION</b>	<b>DATE</b>
	Automotive Service Technician (AST Level 1)	Mohawk College - Fennell Campus	Feb. 2017
	Child and Youth Worker (CYW Level 1 - Block 1)	Mohawk College - Fennell Campus	Feb. 2017
	Child and Youth Worker (CYW Level 1 - Block 2)	Mohawk College - Fennell Campus	Sept. 2016
	Cook (Level 1)	Mohawk College - Cathedral CSS	Feb. 2017
	Construction Craft Worker (CCW Level 1)	LIUNA Local 837 - Mancinelli Training Centre (LIUNA Gardens, Winona)	Feb. 2017
	Child Development Practitioner (CDP Level 1 - Block 1)	Mohawk College - Fennell Campus	Feb. 2017
	Child Development Practitioner (CDP Level 1 - Block 2)	Mohawk College - Fennell Campus	Sept. 2016
	General Carpenter (Level 1)	Mohawk College - Stoney Creek Campus	Feb 2017
	Hairstyling (Level 1)	Mohawk College - Delta SS	Feb. 2017
	Horticulture (Level 1)	Mohawk College - Saltfleet District High School	TBD
	Truck & Coach Technician (TCT Level 1)	Mohawk College - Stoney Creek Campus	Feb. 2017
<b>Note:</b> Students must provide their own transportation to and from these programs. Accelerated CYW/CDP students may enrol in September or February sessions. Block 1 is not a requirement or pre-requisite for Block 2 for CDP and CYW			

**APPLICATION PACKAGE SHOULD INCLUDE:**

- Application Form
- EOIS - Section 2: Request for Registration
- Student Information Page
- Resume
- Teacher Reference Forms
- Student Credit Counselling Summary
- Criminal Reference Check (CDP/CYW) \* may be required
- Proof of Immunization (CDP/CYW) \* may be required



**APPLICATION DEADLINE: Friday, June 3, 2016**

Please send your entire application package to:

Mr. Leo Paone - OYAP Coordinator  
 Nicholas Mancini Centre  
 44 Hunt Street, Hamilton, ON L8R 3R1  
 Telephone: (905) 525-2930 ext. 2886  
 Fax: (905) 523-0454  
 Email: paonel@hwcdsb.ca  
 Website: www.oyaphwcdsb.com



**Only completed application packages will be considered.**

## O Y A P Accelerated Programs

**FREEDOM OF INFORMATION:** This information is collected under the authority of the Education Act and in compliance with Section 14, Section 32 and subsection 29 (2) of the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the ongoing administration of appropriate cooperative education placements.

<b>STUDENT INFORMATION</b>				Date			
Surname				First Name			
						Female <input type="checkbox"/> Male <input type="checkbox"/>	
Mailing Address				City or Town			
Postal Code		(    )		(    )			
		Personal Cell		Home Telephone			
Email				Date of Birth			
				Year		Month      Day	
Name of Parent or Guardian		(    )		(    )			
		Home Telephone		Personal Cell			
Emergency Contact		(    )		Telephone		(    )	
Number of Credits Earned to Date		Grade	Graduation Date		Social Insurance Number ( <b>Mandatory</b> )		
<b>EMPLOYER INFORMATION</b>							
Work Placement							
Address							
City or Town					Postal Code		
Supervisor					Telephone		
Fax					Cell		
<b>SECONDARY SCHOOL INFORMATION</b>							
Home School							
Cooperative Education Teacher							
Parent/Guardian Name					Signature		
Student Name					Signature		

**For students under 18 years of age, the MTCU apprenticeship training agreements/contracts require a Parent or Guardian's Signature.**

## **OYAP Accelerated Programs - Student Information**

**Please complete the following trade-specific questions.**

1. Why is this program of particular interest to you?
2. Briefly describe what you know about this skilled trade.
3. How do you think you can benefit from participating in this program?
4. What challenges will this program present to you?
5. What qualities (attitudes, skills, knowledge, experience) do you possess that identify you as a suitable candidate for this program?
6. How does this program relate to your future career plans?

**Section 1 - Program Participation**

Trade Name		Trade Code	Ontario Education Number (OEN)	
Last Name		First Name		Middle Name/Initial
Preferred Name		Date of Birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French
Highest Grade Level Completed				
Home Telephone Number	Cell Phone Number		Email Address	
Name of School		Teacher Name		Teacher Telephone Number

Do you wish to self-identify as a member of a designated group? Your response to this question is entirely voluntary and will not affect your eligibility for apprenticeship. This information will be used by Canada and Ontario for policy analysis and statistical purposes related to employment programs and services.

- First Nations     Persons with Disabilities  
 Metis     Member of a Visible Minority  
 Inuit     Newcomer to Canada: If yes, how long? \_\_\_\_\_  Months  Years

**Mailing Address**

Unit No.	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

**Additional Information**
**Required Documentation Verified**

- Transcript     School Board Verification Form

**Notice of Collection of Personal Information and Consent**

The Ministry of Training, Colleges and Universities (Ministry) provides funding to your school board to offer OYAP, in part from funds provided by Canada under the Labour Market Agreement (LMA) between Canada and Ontario.

The goal of OYAP is to increase the high school graduation rate and to increase apprenticeship participation to ensure that Ontario has the skilled labour necessary to support growth and attract investment. Your personal information on this form as well as your graduation date will be used by the Ministry to administer and finance OYAP, including monitoring and evaluating OYAP; conducting policy and statistical analysis; and reporting to Canada about the results of OYAP as required under the LMA. The Ministry will collect relevant personal information indirectly from your school board and employer for these purposes and may also disclose your personal information to these organizations. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to OYAP. The Ministry may use the services of auditors, contractors or other third party administrators to administer and finance OYAP.

The Ministry collects, uses and discloses your personal information under the authority of the Ontario College of Trades and Apprenticeship Act, 2009 S.O. 2009, c. 22; and s. 266.3(3) of the Education Act, R.S.O. 1990, c. E. 2, as amended and s. 2 of O. Reg. 440/01; and the LMA.

Questions about the collection, use and disclosure of your personal information may be addressed to the Manager, Employment Ontario Contact Centre, Ministry of Training, Colleges and Universities, 33 Bloor St. E, 2<sup>nd</sup> floor, Toronto, Ontario M7A 2S3, toll-free: 1 800 387-5656; Toronto: 416 326-5656; TTY: 1 866 533-6339 or 416 325-4084.

By signing this form, you give consent to the Ministry to collect, use and disclose personal information about you where relevant to the administration and financing of OYAP.

Signature of Applicant	Signature of Parent (if applicant under 18)	Date (dd/mm/yyyy)
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**Section 2 - Request for Registration**

To be completed only when applying to be registered as an apprentice.

By completing this section you confirm that the sponsor/employer has been notified that a request for registration is being submitted to the Ministry of Training, Colleges and Universities and that the sponsor/employer agrees to register the apprentice.

Please check off the box below:

Yes, the sponsor/employer has been notified.

Trade Name		Trade Code	
Social Insurance Number (SIN)		Ontario Education Number (OEN)	
Last Name		First Name	Middle Name/Initial
<b>Sponsor Information</b>			
Sponsor (full legal business name)		Sponsor ID (if known)	Sponsor Telephone Number
<b>Sponsor Contact</b>			
Last Name		First Name	Middle Name/Initial
Contact Telephone Number	Contact Cell Phone Number	Contact Email Address	
<b>Address</b>			
Unit No.	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Start Date of Co-op Placement (dd/mm/yyyy)		End Date of Co-op Placement (dd/mm/yyyy)	Hours per Week

**Notice of Collection of Personal Information and Consent**

Your personal information on this form and in all other communications related to apprenticeship and related programs will be used by the Ministry to administer and finance Ontario's Apprenticeship Training program. The Ministry will collect relevant personal information directly from you and indirectly from your school board, employer, sponsor, training institution, the Ontario College of Trades (the College) and Canada for these purposes and may also disclose your personal information to these organizations. The Ministry may use the services of other Ontario ministries, contractors and auditors to administer and finance Apprenticeship Training. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to Apprenticeship Training.

Administration includes assessing and verifying your eligibility for apprenticeship, including your membership in the College; registering you as an apprentice and maintaining your file; providing financial assistance to you and your training institution; working with you and your employer or sponsor to support your progress and completion of workplace and classroom training; conducting examinations; issuing certificates of apprenticeship; evaluating, monitoring and auditing your progress and the activities of your employer, sponsor and training institution; reporting to Canada about the effectiveness of Apprenticeship Training as required under the Labour Market Agreement (LMA) between Canada and Ontario and the Labour Market Development Agreement (LMDA) between Canada and Ontario; enforcing your agreements with the Ministry and the legislation set out below; enforcing the agreements between the Ministry and your employer, sponsor and training institution; conducting inspections and investigations; detecting, monitoring and preventing fraud; and conducting policy analysis, evaluation and research related to all aspects of Employment Ontario programs and services, including Apprenticeship Training.

Apprenticeship Training is partly funded by Canada under Part II of the Employment Insurance Act (EIA) and under the LMDA and the LMA. Under the LMDA, the Ministry must collect your social insurance number to provide reports to Canada to allow it to monitor and assess the Employment Insurance Program under s. 3 of the EIA.

The Ministry will disclose your personal information, including your contact information and your registered training agreement(s), to the College under s. 80 of the Ontario College of Trades and Apprenticeship Act, 2009 when it is necessary for the College to carry out its responsibilities.

The Ministry may disclose your personal information to the Ministry of Labour under an agreement between the ministries to enforce workplace safety under the Occupational Health and Safety Act.

The Ministry may also disclose personal information about you to any of your employers or sponsors who need your apprenticeship training agreement for purposes of applying for the Apprenticeship Training Tax Credit under s. 89 of the Taxation Act, 2007, S.O. 2007, c. 11, Sched. A; and to Statistics Canada, if required under s. 13 of the Statistics Act, R. S. 1985, c. S-19, as amended.

Your personal information is collected under the authority of the Ontario College of Trades and Apprenticeship Act, 2009 S.O. 2009, c. 22; the LMA, the LMDA, and ss. 3, 63 and 139 of the Employment Insurance Act, S.C. 1996, c. 23, as amended, s. 76.29 of the Employment Insurance Regulations, S.O.R./96-332, ss.10, 34(1) and 36(1) of the Department of Human Resources and Skills Development Act, S.C. 2005, c. 34; s. 8 of the Privacy Act, R.S.C. 1985, c. P-21, as amended; and s. 10.1 of the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended.

Questions about the collection, use and disclosure of your personal information may be addressed to the Manager, Employment Ontario Contact Centre, Ministry of Training, Colleges and Universities, 33 Bloor St. E, 2<sup>nd</sup> floor, Toronto, Ontario M7A 2S3, toll-free: 1 800 387-5656; Toronto: 416 326-5656;

TTY: 1 866-533-6339 or 416 325-4084.

By signing this form, you give consent to the Ministry to collect, use and disclose personal information about you where relevant to the administration and financing of Apprenticeship Training.

Signature of Applicant	Signature of Parent (if applicant under 18)	Date (dd/mm/yyyy)
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