

YOUTH WORK IN TRADES APPLICATION PACKAGE



Students may use employment to explore career options and gain credit. A TRAINING PLAN MUST BE SUBMITTED before hours can be approved.

A fe	w exampl	es inclu	de:
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- · Carpenter
- · Professional Cook
- · Auto Service Technician
- · Any Red Seal Trade

Student Name:			_	

Each Youth Work in Trades Student must complete the following:

Prior to Work Experience:

- O Completed Orientation Package
- O Completed Online Workplace Safety Module
- O Completed Training Plan

During Work Experience:

- O Complete your Safety Checklist
- O Track your Work Hours

Post Work Experience:

- O Evidence of Learning (Report, Conversation with your YWT teacher, etc)
- O Student Self-Evaluation for Each YWT Course Level
- O Employer Evaluation
- O Complete and Submit your Work-Based Training Hours Report

Youth Work in Trades 11 A+B/12 A+B INTENT TO COMPLETE

Student Name:		Cell Phone:
Email:		
Welcome to the Youth Wor	rk in Trades Program	
to gain high school credit for the paid work you pathway. You can gain up to 16 graduation cred or experienced tradesperson. Students can part	are doing while gaining hours toward lits (4 Courses) and 480 or more hours cicipate in this program during regular program when you are 15 years old an	career in the trades. This dual-credit program allows you dis your apprenticeship in a recognized Red Seal trades towards your apprenticeship while working with a red seal school hours, or through the work you do on the weekends and can continue with it through graduation. You will become minimum Grade 12 C+ average.
Select which courses yo	ou intend to comple	ete:
○ 11A - 120 hours		
○ 11B - 120 hours		
○ 12A - 120 hours		
○ 12B - 120 hours		
By signing below, you are confirming that you in for Youth Work in Trades.	ntend to complete at least 120 hours o	of work experience this school year and want to receive credits
Student Signature:		Date:
Office Use Only: attach the follo	owing (Audit Checklist)	
O Intent to Complete	O Employer Check-in	O Worksafe BC #
October 1st Student Schedule	O Student Check-in	O Evidence of Learning
O Training Plan Signed	O Student Evaluation	O Employer Evaluation & Hour Verification Signature
		Date:

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WORKSITE INSPECTION SHEET

ployer: Supervisor:		
YWT Teacher:	Date:	
School Career Teacher Contact		
In evaluation of the worksite, please bear in mind	that the two most important considerations are:	
 The provision of a safe work environment The interest and concern of the site supervisor fo	r the student	
Please Check the Appropriate Description	•	
O This is a standard worksite (where a worker per supervision of a worksite employer).	forms the tasks and responsibilities related to a career under	
OR		
	ated by the school district for the purpose of providing work dary placement in which the student participates as a student, not	
O This is a physically safe worksite (includes locat	ion, environmental conditions, building structure)	
O Necessary safety practices are in place and the	student will be informed of these.	
O The employer has been informed of WorkSafe B	C accident or injury reporting procedures and coverage.	
O The employer/supervisor is familiar with and su	pports the objectives of the program.	
O The employer/supervisor will ensure that the st	udent is adequately trained and supervised.	
	able working environment for the student including acceptance of n, freedom from harassment, reasonable expectations for work,	
O The employer is willing to interview the student	prior to the work experience (if applicable).	
O The employer/supervisor is willing to assist in the worksite and to discuss the student's progress w	ne evaluation of the student, to provide access to teachers on the with the student and school staff.	
Please list any reservations, concerns or li	mitations you have about this worksite:	
Safety attire and/or equipment required:		
This worksite is: O Recommended O N	lot Recommended	
YWT Teacher Signature:	Date:	

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SAFETY ORIENTATION

Although your employee (this student) may have been working here for a while, we still need to ensure they have received on-the-job safety training. Please initial the training checklist indicating that the worker has received:

TOPIC	Student Initial	Supervisor Initial
 Rights and Responsibilities: (a) General duties of employers, workers, and supervisors 		
(b) Workers right to refuse unsafe work and procedure for doing so		
(c) Workers responsibility to report hazards and procedure for doing so		
2. Workplace health and safety rules		
3. Known hazards on the job site and how to deal with them		
4. Safe work procedures for carrying out tasks		
 Measures to reduce the risk of violence in the workplace and procedures for dealing with violent situations (a) Procedure for carrying out tasks 		
(b) Procedure for working alone or in isolation		
6. Personal Protective Equipment (PPE) - what to use, when to use it, and where to find it		
7. First Aid: (a) First aid attendant name and contact information		
(b) Locations of first aid kits and eye wash facilities		
(c) How to report an illness, injury, or other accidents (including near misses)		
8. Emergency procedures: (a) Locations of emergency exits and meeting points		
(b) Locations of fire extinguishers and fire alarms		
(c) How to use a fire extinguisher		
(d) What to do in an emergency situation?		
9. Where applicable, basic contents of the occupational health and safety program		
10. Hazardous materials and WHMIS: (a) What hazardous materials are in the workplace?		
(b) Purpose and significance of hazard information on product labels		
(c) Location, purpose and significance of material safety data sheets (MSDs)		
(d) How to handle, use, store and dispose of hazardous materials safely		
(e) Procedures for an emergency involving hazardous materials, including clean-up of spills		
11. Contact information for the Occupational Health and Safety Committee or Health and Safety Representative		

SAFETY ORIENTATION (Continued)

Worksite Employer Name/Telephone #

YWT Teacher Name

If the student is exposed to any of the following hazards, they will need to receive specific training on the hazards

Parent/Guardian Name	Parent/Guardian Signature	Date
Student Name	Student Signature	Date
• Violence		
• Tree Falling		
Trenching		
• Radioactive/Physical Hazards		
Chemical/Biological Hazards		
• Confined spaces		
• Forklifts and other mobile equipment		
• Electrical Hazards		
• Pinch/Nip points of machinery (Guarding)		
 Lifting and moving objects or people 		
• Lockout (for machinery and power tools)		
• Slips, trips and falls		
• Falls from Elevation (including ladders)		
present and how the hazards are managed wit	hin the workplace:	

Worksite Employer Signature

YWT Teacher Signature

Please return this completed form to your YWT Teacher PRIOR to beginning your Work Experience Placement.

Date

Date

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STUDENT AND EMPLOYER INFO FORM

YWT students MUST complete and submit this Form prior to completing any paid work.

Student Name:	Date: Student Email:		
Student Cell: Student			
YWT Teacher:			
Parent Name:	Parent Phone:		
Parent Email:			
Business Name:	Supervisor:		
Address:	Bus. Phone:		
Supervisor Cell: Supe	rvisor Email:		
Students enrolled in Youth Work in Trades may use their employme This ensures students are covered by their employers for any work-	ent for course credits provided their employer has WorkSafeBC coverage. -related injuries.		
WorkSafeBC# (6-digits):			
	Sponsor Name:		
ITA Certificate #:			
	O Mon O Tue O Wed O Thu O Fri O Sat		
	of work: from . to .		