



OYAP ACCELERATED PROGRAMS

APPLICATION FORMS

FOR 2019-20

The Accelerated Ontario Youth Apprenticeship Programs provide the opportunity for senior secondary students to attend **Apprenticeship Training** and work with employers in Cooperative Education work placements as **registered apprentices**. The program receives funding from the Ministry of Training, Colleges and Universities (MTCU).

To be eligible for the accelerated program you must:

1. be 17 years of age or older;
2. have successfully completed a minimum of 24 credits;
3. have successfully completed the appropriate course work and coop placement;
4. attend an interview session and learn about all program requirements; and,
5. be a registered apprentice.

Please be advised of the following OYAP policies:

1. Selection of students will be based both on the availability of work placements and the suitability of candidates. An interview process will determine those accepted.
2. Students are not guaranteed a placement.
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. Students can earn up to four (4) credits cooperative education program.

Overview of the Program:

1. All students will report to their home school for pre-placement prior to their Accelerated program with their coop teacher.
2. Students will attend an approved Training Delivery Agent. Class schedules are different for different programs.
3. The Ministry of Training, Colleges and Universities pays the tuition to the training facility for each student selected in the program.
4. A passing mark of 60% in all courses is required to be able to obtain Level 1.

“Engaging Today’s Youth...Investing in Tomorrow’s Workforce”



Date Received: _____

STUDENT INFORMATION (*mandatory response)

For students under 18 years of age, MTCU requires training agreements/contracts of apprenticeship to include the signature of a Parent/Guardian.

Male Female *Surname: _____ *First Name: _____

*Mailing Address: _____

*City: _____ *Postal Code _____

*Social Insurance Number: _____ *Birth Date: _____ / _____ / _____

DAY	MONTH	YEAR
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Total Credits: _____ Current Grade: _____

*Cell Phone Number: _____ *OEN: _____

Parent/Guardian Telephone: _____ *Emergency Telephone: _____

Do you have a Driver's License? Yes No If YES, which class? G G1 G2

EMPLOYER INFORMATION: (*mandatory response)

*Placement Name: _____

*Supervisor: _____

*Mailing Address: _____

*City: _____ *Postal Code _____

*Telephone Number :() _____ Fax :() _____

Email: _____

Please check the appropriate box

CYW **CDP** **CCW** **GEN CARP** **AST** **Truck & Coach**

SECONDARY SCHOOL INFORMATION:

Home School: _____ Co-op/Guidance Teacher: _____

Student Signature: _____ (I have read and understand the requirements)

Parent Signature: _____ (I have read and understand the requirements)

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.

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I am applying for the following Accelerated Program

(please check one)

✓	OYAP ACCELERATED PROGRAM	PROGRAM LOCATION	DATES
	Child Development Practitioner (CDP Block 1-5) (If successful in block 1 they will automatically be accepted in CDP Block 2 in September) NO SEPTEMBER STARTS! This program starts Semester 2	Mohawk College Fennel Campus	Semester 2
	Child & Youth Worker (CYW Block 1-5)	Mohawk College Fennel Campus	Semester 2
	Child & Youth Worker (CYW Block 6-11)	Mohawk College Fennel Campus	Semester 1
	Construction Craft Worker (Level 1)	LIUNA GARDENS (Winona)	Semester 2
	General Carpenter (Level 1)	Mohawk College Stoney Creek Campus	Semester 2
	Automotive Service Technician (Level 1)	Mohawk College Fennel Campus	Semester 2
	Truck and Coach Service Technician (Level 1)	Mohawk College Stoney Creek Campus	Semester 2

Note:
Students must provide their own transportation

APPLICATION DEADLINE:

November, 19th 2019 for February Classes

Please forward to Carmine Romano, OYAP Coordinator

Cromano@bhncdsb.ca

AND

Hailey Bouckhuyt

Hbouckhuyt@bhncdsb.ca

via scanned and emailed or by board mail.

APPLICATION PACKAGE SHOULD INCLUDE:

Check List:

- Student Information Page
- Resume
- Teacher Reference Form (2)
- Copy of Status Sheet
- Participation form
- Request to Register form
- IEP (If applicable)

***Note some placements may require a police check**



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. Will this program present any challenges to you? If so, what are they? (IEP, Transportation, etc.)
5. What qualities (attitude, skills, knowledge, experience) do you possess that identify you as a suitable candidate for this program?
5. How does this program relate to your future career plans?



Ontario Youth Apprenticeship Program OYAP Students

Presented by: The Hamilton-Wentworth District School Board, Hamilton Catholic District School Board, Mohawk College and MTCU.

TEACHER REFERENCE

Name of Student: _____

Name of Teacher Recommending this Student: _____

Course(s) I have taught this student: _____

The student accepted into this program will be representing your school, the HWDSB and themselves in a setting outside of a regular school (Mohawk College). Students accepted into the program must have exhibited the maturity and work habits that will enable them to be successful in this program.

Please check off and comment on the following items:

N = Needs Improvement S = Satisfactory G = Good E = Excellent

	N	S	G	E	Comments
Attendance					
Punctuality					
Works Independently					
Teamwork					
Organization					
Work Habits					
Initiative					

Additional Comments: (What traits does this student have that would make them successful in this program?)

Teacher Signature: _____ **Date:** _____