

high school success



Pre-employment Welding: Dual Credit Program

what?

- Dual credit program involving CBE, SAIT and EducationMatters
- Earn up to 15 CTS credits towards completion of an Alberta High School Diploma
- Earn a SAIT Certificate of Completion in Pre-Employment Welding

contact

Sonya Gillis

e | sgillis@cbe.ab.ca

t | 403-817-7516

who?

- Open to a **maximum of seven** CBE high school students:
 - aged 15 or older, punctual and reliable
 - prior welding experience required

when?

- Beginning Feb 6, 2018 from 8:30 AM - 11:30 AM, three times per week – Tuesday - Thursday on the SAIT campus for three semesters
- Information Meeting will be held at SAIT on **Wednesday January 10, 2018 @ 6:30pm (Room CB 314 in the Aldred Building)**
- “Student for a Day” at SAIT February 1, 2018 8:30 AM – 11:30 AM (**Meet in the Aldred building by the elevators**)

where?

- Southern Alberta Institute of Technology, 1301 16 Ave NW, in the Trades and Technology Complex

why?

- Training by qualified SAIT journeymen instructors
- Complete technical requirements for Period One Welding Apprenticeship

Prerequisites

- Students attending the “Student for a Day”, Information Session and those with prior welding experience will be given priority
- CSA approved, steel-toed boots
- **Prior** to earning a SAIT Certificate, students must have completed ELA 10-1 or ELA 10-2, and Math 10C or 10-3
- Ability to clear timetable for period one and two in second semester of 2017-2018 school year, as well as 2018 - 2019 school year
- Transportation to and from SAIT





Instructions |
Please complete
and email a
scanned copy or fax
the completed form
to
Sonya Gillis
e|
slgillis@cbe.ab.ca
f | 403-777-6159

First Name _____ Last Name _____

School _____ Grade _____

Alberta Ed Student # _____ CBE Student ID# _____

Student Cell Phone _____ Student Email address _____

Please complete the following as they apply.

Do you have prior experience in welding? Yes No

Courses: _____

Welding Camps: _____

Other: _____

Have you verified with a teacher or Guidance Counsellor that your timetable can be adjusted to accommodate this program (3 semesters)? Yes No

Guidance Counsellor/teacher initials _____

If you are accepted into the program, do you have a transportation plan to and from SAIT for the duration of the program (3 semesters)? Yes No

Part of the commitment to the program is participation on-campus at SAIT for the following dates (Students who attend will be given priority when choosing applicants):

- **Information meeting at SAIT on Wednesday, January 10 @ 6:30pm – Room CB 314 (Aldred)**
- **“Student for a Day” at SAIT on February 1, 2018 8:30 am – 11:30 am (meet in the Aldred Building by the elevators)**

(Over) ->

Briefly describe why this program is of interest to you or how it fits with your future aspirations or career plans.

It is the responsibility of the student to arrange for transportation to and from SAIT for the duration of the program.

Statement of Support *(to be completed by a teacher/Off-campus Coordinator, Career Practitioner, or Administrator)* How does the program align with the applicant's interests, future aspirations or overall learning plan?

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Teacher/Administrator Signature _____ **Date** _____

Questions |
Please contact
Sonya Gillis at
sgillis@cbe.ab.ca
or 403-817-7516

Fully completed application packages must be submitted no later than 4:00pm on Friday January 12, 2018.

Please email or fax (403-777-6159) the completed form to Sonya Gillis sgillis@cbe.ab.ca

Registration checklist:

- Application Form - signed by parent/guardian, student and teacher/administrator
- Acknowledgement of Risk with Medical Information Form - completed and signed
- Media Release Form – signed by parent/guardian/independent student

Off-campus Education Acknowledgement of Risk



**Calgary Board
of Education**

Consent of Parent, Guardian or Independent Student and "Acknowledgement of Risk"

**PLEASE READ
CAREFULLY**

I, _____, the parent or legal guardian of _____ (name of student) ("my child"), agree to the participation of my child **OR** I, _____ (name of student), an "Independent Student" under the *School Act* (Alberta), agree to my participation in the **Pre-employment Welding** program (the "**Program**") organized by The Calgary Board of Education ("**CBE**") with **SAIT**, (the "**Program Provider**").

In consideration of the CBE accepting my child as a participant in the Program or accepting me (as an Independent Student) as participant in the Program, I agree and acknowledge as follows:

1. The CBE reserves the right to cancel the Program in whole or part, including prior to the scheduled date of commencement, based upon the security, health and safety conditions in the location(s) of or in the vicinity of the location(s) of the Program.
2. A) I agree, for myself and on behalf of my child, to release the CBE, its Trustees, Superintendents, employees, volunteers, contractors and consultants and the Program Provider and its respective directors, officers, employees and agents (collectively, the "**Releasees**") from any claims, losses, damages, liabilities and costs ("**Losses**") that I or my child, as the case may be, may incur arising from or in connection with the Program, except to the extent any such losses, damages, liabilities and costs arise directly from the negligence or wilful acts or omissions of any of the Releasees. I acknowledge that none of the Releasees shall be responsible for any consequential, incidental, special or punitive losses, damages or costs incurred by me or my child arising in respect of the Program.

B) Without limiting the generality of Section 2(A) above, I, for myself and on behalf of my child, or I, an Independent Student, release the Releasees from any delays, acts or omissions of any of the Releasees in respect of the Program arising from events beyond his, her, its or their reasonable control, which includes but is not limited to **ACTS OF GOD, WAR, STRIKES OR GOVERNMENT RESTRICTIONS, TERRORIST ACTIVITIES, STRIKES OR WORK STOPPAGES, OR THE ACTS OR OMISSIONS OF ANY OTHER ORGANIZATION OR INDIVIDUAL, OVER WHOM THE RELEASEES HAVE NO DIRECT CONTROL.**

C) I agree, for myself and on behalf of my child (or I, an Independent Student, agree) to pay or reimburse the Releasees for any claims, losses, damages and costs arising from any acts or omissions of my child (or of me, as an Independent Student) in connection with the Program resulting or arising from failure to comply with any directions or instructions given by any of the applicable Releasees.
3. I, on behalf of myself and my child (or I, as an Independent Student) release the Releasees and each of them from any losses, liabilities, damage and costs that I and/or my child may incur arising from and during the course of transportation to and from the location(s) of the Program, including in the course of embarking or disembarking from the mode of transportation. I confirm and acknowledge that any injury, damage or loss incurred during the course of transportation to and from the location(s) of the Program will not be compensated by the Releasees.
4. I acknowledge that the CBE shall use reasonable commercial efforts to ensure that in respect of the Program:
 - a) all personnel of the Program Provider and of the CBE supervising the activities involved in the Program are trained and skilled to provide such supervision;
 - b) the location(s) of and facilities used during the Program meet safety and health standards in compliance with applicable laws; and
 - c) the Program participants will be asked to participate in activities that are age and skills appropriate.
5. I freely and voluntarily acknowledge and assume on my behalf and on behalf of the Student (or, as an Independent Student, I assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that a Student may suffer personal and potentially serious injury, loss or illness due to unforeseeable or unexpected events.
6. I am satisfied that I have been provided with information about the Program, including the nature and extent of certain risks and hazards associated with the Program and that such information concerning risks and hazards is NOT exhaustive. I am not relying solely upon such information provided by the CBE and reserve the right to obtain additional information upon such basis as I determine.

7. I freely and voluntarily acknowledge and assume on my behalf and on behalf of my child (or I, as an Independent Student, acknowledge and assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that any participant in the Program may suffer personal and potentially injury, loss or illness due to an unforeseeable or unexpected event as a result of any such hazard, known and unknown.
8. My child has been informed by me that he/she shall comply (or I, as an Independent Student, confirm that I shall comply) with the CBE's policies and regulations and any applicable CBE or school Code of Conduct, and with any rules of the Program Provider in respect of the Program made known to me and/or my child, as well as with the directions and instructions of the CBE's employees, consultants, volunteers or Program Provider personnel concerning the Program. Participation in the CBE and/or Program Provider preparatory sessions and meetings (if any) prior to the activities is mandatory. I acknowledge that failure to do so may result in the exclusion of my child (or of me as an Independent Student) from the Program by the CBE.
9. If my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers and also in the case of medical emergency, the Program Provider personnel, may take any actions they deem necessary, including securing professional medical treatment. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact the parent or guardian of a Student (who is not an Independent Student) in any medical emergency situation.
10. **I have completed the medical information form (attached).** I warrant that the medical information I have provided is complete and up to date. I consent to CBE sharing the medical information with the Program Provider and its applicable personnel. I have disclosed any known medical information concerning my child (or concerning me as an Independent Student) that may affect participation in the Program. I also acknowledge and agree that CBE or the Program Provider may refuse to accept my child for or may remove my child (or me as an Independent Student) from participation in the Program as a result of any medical condition as CBE or the Program Provider shall determine, at its sole discretion.
11. I understand that I am solely responsible for any illegal activities of my child (or, as an Independent Student, my illegal activities) during the Program (such as theft, vandalism or using or trafficking in any illegal substances or non-prescription drugs).
12. I confirm that this form shall be binding upon me as an Independent Student or upon me and the other parent or legal guardian of my child and upon my child and if the other parent or guardian of my child shall commence any action or claim against any of the CBE Group in respect of the matters herein notwithstanding the provisions hereof, I indemnify the CBE Group from any losses, damages, liabilities and costs incurred by the CBE Group or any of them in that regard.
13. I am at least 18 years of age and confirm that I have had the opportunity to seek independent legal advice prior to signing this form.
14. I confirm that this form and my acknowledgements and agreements are governed by the laws of Alberta.

Signed at Calgary, Alberta this _____, 201_____

Signature Parent/Legal Guardian/Independent Student

Print Name

Address and Telephone Number

IMPORTANT - Medical Information

Please be aware that any information contained on this Medical Information form will be passed on to the employer/service provider. We suggest you include information that is relevant to the safety and well-being of the student while working or participating in educational programs. If there is no pertinent medical information to be shared, please indicate not applicable, and sign and return to the Off-campus Coordinator.

Health Information: (A photocopy of this completed form may be provided by CBE to the CBE to address health and medical needs including emergencies, and CBE may also share this information with the Program Provider others as deemed necessary.) Can be typed or handwritten

- MUST BE COMPLETED BY A PARENT, GUARDIAN OR INDEPENDENT STUDENT

Activity: Pre-employment Welding Program	Date(s) February 6, 2018 – June 30, 2019
Student Name: _____	Alberta Health Care # (optional unless travelling outside of Alberta) #:
Date of Birth (Yr/M/D): _____	

Drug Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity: _____
Food Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity: _____
Insect Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity: _____
Other Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity: _____

Is the student under any form of treatment for an illness, condition or injury? (including Asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please elaborate. Include activities to be restricted or modified.
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Please fill out the medication names and details for administering them: (if more space is required please attach additional information)

NAME OF MEDICATION	REASON (OPTIONAL)	DOSAGE	HOW OFTEN?	TIME OF DAY

Medication storage Requirements: _____

As a result of the above, are there any known side effects to above medication(s)? If "yes", please describe: _____

Does the student have any psychological or emotional problems? If "yes", please describe: _____

Are there any recent injuries to be concerned about? If "yes", please describe: _____

Medical Treatment Restrictions (if any) e.g. blood transfusions: _____

Dietary Restrictions (if any): _____

Additional Instructions/Information: _____

Emergency Contact: 1) _____ **Phone:** _____ **(H)** _____ **(W)** _____ **(C)**

Emergency Contact: 2) _____ **Phone:** _____ **(H)** _____ **(W)** _____ **(C)**

In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002, as amended from time to time ("AR 6002") (available for view on the CBE website), parents/legal guardians/Independent Students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. The CBE, its teachers and staff will not administer the medication or supports but shall during school activities (subject to AR 6002), store the medication and supports and supervise the child in self-medicating. The parent/legal guardian/Independent Student are responsible for notifying the CBE of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

I understand that given the nature of the Program in respect of which this form is being provided, in which the student will not be accompanied or supervised by CBE teachers/staff during off-site activities involved in the Program, CBE and its teachers/staff will not store the student's medication or supports off-site or supervise the self-medication by the student during any such activities. By signing this form, I confirm that I have waived any requirement of teacher/staff supervision of self-medication by the student and of storing medication or supports during off-site activities, and confirm that I do not wish the CBE, its teachers/staff to provide the same. I further acknowledge that the Program Provider and its staff are not representatives or agents of the CBE and are not authorized by the CBE to store the student's medication or supports or to supervise the self-medication by the student on behalf of the CBE.

Please note that:

1. the provisions contained in this form are subject to AR 6002 and applicable laws; and
2. the provisions contained in this form further are subject to the applicable school's Emergency Response Protocol and any particular Student Health Plan completed by the CBE with the parent/legal guardian/Independent Student.

Subject to the foregoing, I agree that the medications (prescription/ non-prescription) listed on the first page of this form are the student's responsibility and will not be shared or given to others and the student is responsible for how the medication is stored and when it is taken. I, the parent, legal guardian or Independent Student, accept responsibility in all cases for any medication that is lost, stolen or damaged and confirm that the CBE has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform CBE immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student during or prior to the Program activities in which the student shall be a participant. I further hereby agree that If my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers, and also in the case of medical emergency, the Program Provider personnel, may take any action they deem necessary for the safety, health and well-being of my child (or me as an Independent Student), including securing professional medical treatment and I release CBE, its employees, consultants and volunteers and the Program Provider and its personnel from any Losses arising as a result thereof. I acknowledge that the CBE has recommended that I obtain medical insurance to cover such expenses. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact me in any medical emergency situation.

I further acknowledge that the CBE does not make a medical assessment of the suitability of the student for participation in the Program based on the information provided in this form, and that if the student has or develops any medical conditions that may affect the student's participation in the Program, I will advise the CBE immediately.

Parent/Guardian/Independent Student

Print Name

Date



On dates between February 6, 2018 and June 30, 2019 representatives from the Calgary Board of Education (CBE) would like to film/photograph/videotape or make an audio or digital recording of your child/child's work or yourself/your work. The purpose of this request is to share and make public the experiences of students participating in the Pre-employment Welding Program at SAIT and various other locations. The film/photographs/videos may be shared through CBE websites, social media, public events, internal/external company meetings or presentations and other forms of media.

All or portions of the work referred to above will become part of the media organization's database and may be adapted for other educational or non-educational applications, productions, broadcast, re-broadcast, published, exhibited, reproduced, and/or distributed in various media formats to a number of markets. Once photographs, student name, and other identifying personal information and student work are released in any public forum, the Calgary Board of Education cannot control or prevent the further distribution or use of the material by those who access the information.

Schools cooperate with the media and other organizations, within reason, to encourage celebration of school achievements and the sharing of information about students and student work. However, we recognize that there are instances where parents may not wish their children to be recorded.

Similarly, for independent students or adults, this is an opportunity to share your work with others. However, we recognize that there may be instances where you do not wish to be recorded. Parents or independent students/adults are under no obligation to consent; it is their voluntary decision to do so.

This form must be returned to the school before the student/adult begins participation in this activity. If you do not return this form, this indicates a refusal to consent. You reserve the right to withdraw your permission at any time. If you wish to withdraw your permission, you must make such a request in writing to:

Don Middleton
Learning Specialist – Calgary Board of Education
dtmiddleton@cbe.ab.ca

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Consent for Release – Parent/Legal Guardian or Independent Student/Adult

I, am the parent/legal guardian of the student named below or independent student/adult, and I have read and understand the information provided on this form. I voluntarily give the Calgary Board of Education permission to include my child or me in the media coverage and its subsequent use as described above.

Name of student (please print)

School

Name of parent or legal guardian (please print)

Signature of parent or legal guardian

Name of independent student (please print)

Signature of independent student

Date