



*Youth Train in Trades Application Form

*Previously, ACE-IT (Accelerated Credit Enrolment in Industry Training) is a government-funded program for high school students providing both high-school credits and head start to completion of an apprenticeship program.

Broadway Campus
1155 E Broadway, Vancouver, BC, V5T 4V5
Downtown Campus
250 West Pender St, Vancouver BC, V6B 1S9
Email: aceit@vcc.ca
Tel: 604 871 7000
Fax: 604 871 7000

1. PERSONAL INFORMATION

Legal Last Name (Family Name)	Apt. No/Address																					
First Name	Town/City																					
Preferred First Name	Province	Postal Code																				
Middle Name(s)	Country	Home phone																				
Email Address	Work (if applicable)	Cell phone																				
Do you have a VCC student number? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please enter your number:	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

2. CITIZENSHIP

Date of Birth (MM/DD/YY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Native Language
Birth Country	Citizenship Country	Are you a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your status and citizenship/visa or Permanent Resident identification number	Issue date (MM/DD/YY)	Expiry date (MM/DD/YY)

3. INDIGENOUS STUDENTS

Do you identify yourself as a Canadian Indigenous person? Yes No
 If yes, select one or more option that best describes your Indigenous identity: First Nations (Status or non-Status) Métis Inuit Indigenous
 Please contact me regarding Indigenous student support and services. Your Nation:

4. EMERGENCY CONTACT INFORMATION

Name	Relationship to you
Contact Phone Number(s)	

5. DECLARATION (MANDATORY)

- I understand that submission of this application does not guarantee admission to a program or course, and that admission is subject to meeting VCC's entrance requirements and space availability.
- I agree to abide by the rules and regulations of VCC as published on the VCC website, and those of the department and program in which I shall be registered.
- I certify that the information I have provided in this application is complete and accurate and may be verified by VCC. I understand that falsifying any documents or information submitted will result in immediate cancellation of my admission or registration at VCC.
- I have read and understand the VCC Protection of Privacy disclaimer on the back of this form.
- I understand that VCC will be sending communications in electronic format to my email.

Signature _____ Date _____

6. PROGRAM INFORMATION

I am applying for admission to:

- | | | |
|---|--|--|
| <input type="checkbox"/> Automotive Collision Repair Foundation | <input type="checkbox"/> Automotive Collision Repair – Onsite High School Learning | <input type="checkbox"/> Automotive Collision Repair – Online High School Learning |
| <input type="checkbox"/> Auto Refinishing Prep – High School | <input type="checkbox"/> Auto Refinishing Prep Tech - Foundation | <input type="checkbox"/> Auto Service Tech Level 1- Britannia Secondary School |
| <input type="checkbox"/> Auto Service Tech Level 1 – Foundation | <input type="checkbox"/> Baking Foundation | <input type="checkbox"/> Hair Design – Onsite High School Learning |
| <input type="checkbox"/> Hair Design – Offsite High School Learning (Maple Ridge) | <input type="checkbox"/> Heavy Mechanical Trades Foundation | <input type="checkbox"/> Professional Cook |
| <input type="checkbox"/> Other | Preferred start date (subject to waitlist): | |

7. EDUCATIONAL HISTORY

BC Examination or PEN number (Personal Education Number)

For current or past BC high school students only.

Name of last high school attended City Province Last date attended (MM/YY) Highest Grade Completed

8. SUPPORT FOR STUDENTS WITH DISABILITIES

Do you require additional support services due to a disability or medical condition? (optional)

- Yes No Not specified

To support you during your studies at VCC, please contact Disability Services by phone at 604.871.7000, option 2, by email at disabilityservices@vcc.ca, in person at the Student Development Reception at either campuses to arrange an intake appointment. Please visit <http://www.vcc.ca/disabilities> for more information.

9. PROTECTION OF PRIVACY

Vancouver Community College (VCC) collects and retains student personal information under the authority of the College and Institute Act. The information will be used to admit, register and graduate students, record academic achievement, issue library cards, administer and operate academic, alumni and other College programs and other purposes consistent with the mandate of the college. Information on admission, registration and academic achievement may also be disclosed and used for statistical and research purposes by the college, other post secondary educational institutions, the Industry Training Authority and the provincial government. Personal information provided for admission and registration and any other information placed into the student record will be collected, protected, used, disclosed and retained in compliance with British Columbia's Freedom of Information and Protection of Privacy Act (R.S.B.C. 1996, c. 165). In addition to collecting personal information for its own purposes the College collects specific and limited personal information on behalf of the Students' Union of Vancouver Community College (SUVCC). The SUVCC uses this information for the purpose of student elections and the Student Health and Dental Plan. Please contact the SUVCC office if you have any questions about its collection, use and disclosure of the information. If you have any questions about the collection, use and disclosure of your personal information by VCC, please contact the Registrar's Office, Vancouver Community College, 1155 East Broadway, Vancouver, B.C. V5T 4V5; 604.871.7000, option 4.

10. CONSENT TO RELEASE PERSONAL INFORMATION TO YOUR SCHOOL DISTRICT (MANDATORY)

I agree, by signing this form, to allow my school district to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC. This authorization is valid for two years from the date of signing.

School District

Signature

11. CONSENT TO RELEASE PERSONAL INFORMATION (OPTIONAL)

I agree, by signing this form, to allow another person, family member, employer or agency to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC. This authorization is valid for two years from the date of signing.

Name/Organization

Relationship to you

Signature

12. CONSENT TO INVOICE (COMPLETED BY SCHOOL DISTRICT)

Vancouver Community College is to invoice the school district for program fees as outlined in the Memorandum of Agreement (MOU) and Industry Training Authority Technical Training Partnership form (ITA TTP).

It is up to the school district to outline and recover any fees listed in the Industry Training Authority Technical Training Partnership Form (ITA TTP form) that the student is responsible for paying. Students may also be required to purchase supplies such as textbooks, kits and personal protection equipment. For book lists, kits, etc. check the bookstore at vcc.ca/bookstore. Some equipment may be purchased elsewhere.

School District

Signature