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2018

# PATHWAYS FOR LIFE, LEARNING & WORK

## Application Package

Revised December 2017  
**Submit to your Secondary School  
Career Education Contact or Coordinator**



## PATHWAYS FOR LIFE 2018 POTENTIAL STUDENT INFORMATION

Employment Training & Preparation  
- School of Access -

### What is Pathways for Life?

This program offers high school students who have barriers to education and employment a non-academic, hands-on learning experience. The program focuses on the development of skills needed to successfully transition out of secondary school and the identification of behaviors necessary for adult independence. Students will explore on and off campus and community opportunities that will enable them to identify the best next step out of high school.

### What Will I Do?

In this program you will learn more about yourself, explore community resources and supports that will help you build a support network for yourself in your time of transition. You will also learn to strengthen your basic communication, self-advocacy, self-care and interpersonal skills.

Expect to participate in field trips to specific community agencies, roll up your sleeves to participate in **Pathways For Life** classes and learn more about your basic roles, rights and responsibilities as an employee, adult learner and citizen.

You will make new friends, get to practice your new skills in various environments and leave armed with new skills to assist you in your transition from high school.

### What Are the Costs?

The course fee is \$75 and needs to accompany application fee by cheque. A college application fee of \$41 is also required. If you enroll in the full Employment Training Program within a year of high school graduation, you do not need to pay the registration fee again. Bonus!

### Can I Participate?

You can apply to participate if you;

- are enrolled in a South Island Partnership high school;
- are in your finishing year at high school;
- complete the program-specific application form;
- can attend an informational interview with a Pathways For Life instructor to confirm program expectations, and discuss suitability.
- Can attend an information session with support people

### When and Where is the Program Offered?

Spring/Summer

Camosun College Interurban Campus - Portable A Building, Room 104.

### How Do I Register?

Work with your teacher or counsellor to fill out and submit a SIP **Pathways for Life** application package. Applicants will meet with an instructor at Camosun College for an orientation meeting to ensure you understand the expectations and suitability for the six week program. If you have questions or would like registration information, please contact your school counsellor or e-mail the South Island Partnership Office at [sip@camosun.ca](mailto:sip@camosun.ca).

### Important Note:

**You must arrange your own transportation to and from Camosun College**

## PATHWAYS FOR LIFE 2018

The **Pathways for Life, Learning and Work** program offers high school students who have barriers to education and employment a non-academic, hands on learning experience

The program focuses on the development of skills needed to successfully transition out of secondary school and the identification of behaviors necessary for adult independence. Students will explore on and off campus and community opportunities that will enable them to identify the next best step out of high school.

In this experiential class, students will be able to self-identify basic behaviours and attitudes that will strengthen their success (e.g. social and communication skills, problem solving skills, time management, personal hygiene, self-esteem, adult behaviour etc.).

### Pathways for Life Course Criteria:

- South Island Partnership student currently in grade 12/12+ (under 19 as of July 1)
- Responsible for personal needs; an aid is not required
- Travels independently
- Displays a willingness to learn

### Step 1 – Complete Application

- Students work with their school counsellor to complete the SIP **Pathways for Life** Application package.
- Contact SIP office 250-370-4827 for more details on the application process.
- Contact the Pathways for Life instructors at 250-370-4610 or 250-370-3845 for more details on the program.

### Pathways for Life Application Checklist

- Completed Permission To Release Information Form
- Completed Teached/ Counsellor Recommendation Form
- Completed Teacher/Student Evaluation Form
- Up-to-date high school grade information (unofficial transcript)
- Completed Permission to Release Information Form (Content/Talent)

### Costs:

- Students pay \$41 application fee. There will be an additional course fee of \$75 for each student. The course fee covers consumable products used during the course.
- Camosun College ancillary fees are waived and registration does not include a bus pass.

### Step 2 – The College Course

- Attend Camosun College Interurban campus four mornings or four afternoons a week for 6 weeks in the Spring. The course will be held in Portable A Building - Room 104.
- **Upon Completion:** Participating students will receive Camosun College Certification and high school credits.

### Credit Transfer

To request transfer credit assessment at Camosun College for course(s) taken at another institution to meet prerequisite requirements or credential requirements, you must submit official transcripts. When submitting official paper transcripts they must be in an envelope sealed by the sending secondary (high school). For dated and out-of-province transcripts, you may be required to submit official course outlines. Official transcripts from out-of-country must be accompanied by official course outlines (if in languages other than English, you must include official translations into English).

**Please Note:** Completion of Pathways For Life program does not guarantee entrance in regular Employment Training and Prep programs. All applicants will participate in a meeting with ETP Instructor prior to acceptance to the program.

## PERMISSION TO RELEASE INFORMATION & AUTHORIZATION TO ACT ON MY BEHALF

The *British Columbia Freedom of Information and Protection of Privacy Act* provides that the college may not release any information pertaining to student records to anyone other than the student owner of the record without the student's consent.

Further, the college does not normally allow any person other than the student to conduct student-related business with the College on behalf of the student.

In order to allow the South Island Partnership and your parent(s)/guardian(s) to conduct student-related business on your behalf, you must complete and submit this form as part of the SIP application package.

Student Name: \_\_\_\_\_  
Legal Last Name (print)      Legal First Name (print)      Preferred First Name (print)

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### TO THE REGISTRATION DEPARTMENT AND THE SOUTH ISLAND PARTNERSHIP:

The following secondary school \_\_\_\_\_

and Parent(s)/Guardian(s) (please print) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

have permission for the following academic year(s) (e.g. 2017/18) \_\_\_\_\_ to access my student records and conduct student-related business on my behalf while I am registered in a South Island Partnership course/program.

**Student Signature:** \_\_\_\_\_

### CITIZENSHIP: Please select your official status in Canada and attach documentation to this form

Canadian (Y/N) \_\_\_\_\_ OR Permanent Resident (Non-Canadian) (Y/N) \_\_\_\_\_ *\*if yes, provide copy of card front & back*

Indigenous (Y/N) \_\_\_\_\_ *\*if yes, please specify (Status/Non-Status/Metis/Inuit):* \_\_\_\_\_

### Contact Information:

Student Number/ Street Address	City	Province	Postal Code
_____	_____	_____	_____

Emergency Contact Name	Relationship To Student	Emergency Contact Number
_____	_____	_____

### High School Information

School Name	Grade Currently Enrolled In	Expected Graduation Date
_____	_____	_____/____/____

Teacher/ Counsellor Approval (Sign) \_\_\_\_\_ Date \_\_\_\_\_

**Questions?** South Island Partnership - Phone 250-370-4827, Email [SIP@camosun.bc.ca](mailto:SIP@camosun.bc.ca)

## CASE MANAGER RECOMMENDATION FORM

Student Name: \_\_\_\_\_  
(please print clearly)

Strengths displayed on a regular basis:

1. \_\_\_\_\_
2. \_\_\_\_\_

Areas requiring more attention:

1. \_\_\_\_\_
2. \_\_\_\_\_

Please comment on student readiness:


What goals do you see as important for this student to achieve through Pathways?


\_\_\_\_\_  
Case Manager Name

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date (day/month/year)

## TEACHER / STUDENT EVALUATION FORM

Student Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

**PART A** (Please fill in PART A with your student)

1. Pathways for Life, Learning, and Work is a course at Camosun College. I know that this course

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2. I want to attend the Pathways for Life course because

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**PART B** (Student Self-Evaluation Section)

a. I enjoy learning                         1 ----- 2 ----- 3 ----- 4 ----- 5  
   (NO)   (YES)

b. I am excited to try new things    1 ----- 2 ----- 3 ----- 4 ----- 5  
   (NO)   (YES)

c. A strength I have is:  
 \_\_\_\_\_

d. I need to develop skills around:  
 \_\_\_\_\_

## EMPLOYMENT TRAINING & PREPARATION STUDENT PERMISSION FORMS

**PLEASE NOTE:** If a student is not yet 19 years or older, a parent/guardian must sign.

### CONSENT FOR RELEASE OF INFORMATION

I hereby authorize the faculty/staff of the Employment Training Programs to obtain or release information from or to work experience employers, sponsoring agencies, parents/caregivers, work-related agencies and others as may be deemed appropriate for the purposes of obtaining and maintaining a work experience placement, ensuring continuity between home, other agencies and the college, and organizing and planning the transition from the college back to the community. Confidentiality of this information will be maintained between the students, the college and any and all of the aforementioned parties.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TALENT RELEASE FORM

In consideration of the opportunity of appearing in a production for the promotion of Camosun College, I hereby agree that Camosun College and all persons authorized by or claiming through or under it, shall be entitled to:

1. Photograph me for the purposes of the production whether by film, video tape, magnetic tape, electronic, digital or otherwise;
2. Make copies of the photographs so made;
3. Publish, post, exhibit, transfer, and otherwise use the photographs, and any copies so made, or any part thereof; and,
4. Use my name, likeness and testimonial for the purposes of promotion or advertising for Camosun College.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Phone: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_