



PATHWAYS FOR LIFE, LEARNING & WORK

2025 APPLICATION PACKAGE

SUBMIT TO YOUR SECONDARY SCHOOL
CAREER EDUCATION COORDINATOR(S)

Revised April 2024



PATHWAYS FOR LIFE, LEARNING & WORK PROGRAM INFORMATION

The **Pathways for Life, Learning & Work** program offers high school students, who have barriers to education and employment, a non-academic, hands-on learning experience. The program focuses on (a) the development of skills needed to successfully transition out of secondary school, and (b) identify appropriate behaviours necessary for adult independence. Students will participate in online, on campus & community activities through field trip excursions.

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

This blended six-week program takes place at the Camosun College (Interurban Campus), every spring.

PROGRAM ELIGIBILITY

- Pathways for Life Student Eligibility:
 - South Island Partnership student currently in grade 12/12+ (under 19 as of July 1, 2025)
 - Responsible for personal needs; an Educational Assistant is not required
 - Travels independently (i.e. able to navigate BC Transit on their own)
 - Displays a willingness to learn

APPLICATION PROCESS

- Students work with their school counsellor / support teacher to complete the **SIP Pathways for Life, Learning & Work** application. This includes:
 - Permission to Release Information / Information Form
 - Student Declaration Form
 - School-Based Teacher Recommendation Form
- Submit the completed applications to your District Career Coordinator
- Applicants will meet with a Pathways Instructor & SIP Coordinator on campus in February for an orientation meeting to ensure they understand the expectations and determine suitability for this program.
- Parents will be invited, in early April, to an information session via Zoom, prior to the start date of the program, to fully understand the program and next steps beyond Pathways for Life, Learning & Work
- If you have questions, please contact SIP office (250-370-4827 or sip@camosun.bc.ca)

PROGRAM DETAILS

- Students will attend Camosun College Interurban Campus four mornings a week for 6 weeks beginning April 21st. The course will be held in Portable A.
- Participating students will receive Camosun College Certification and high school credits upon completion.
- Students (or high schools) are required to pay the EPBC registration fee. (~\$47)
- Camosun College ancillary fees are waived registration and therefore a bus pass **IS NOT** included.
- If you enroll in future Camosun College Employment Training Program (ETP) within a year of high school graduation, you will not be required to pay the registration fee again.

Please Note: Completion of Pathways for Life, Learning & Work Program does not guarantee entrance in regular Employment Training and Prep programs. All applicants will participate in a meeting with an 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 INFORMATION

_____	_____	_____
Legal Last Name (print)	Legal First Name (print)	Preferred First Name (print)
_____	_____	_____
Student email (ideally not SD acct.)	Student cellphone # (if possible)	Date of Birth

CONTACT INFORMATION

_____	_____	_____	_____
Street Address	City	Province	Postal Code
_____	_____	_____	_____
Emergency Contact Name	Relationship to Student	Emergency Contact Number	

HIGH SCHOOL INFORMATION

_____	_____	_____
School Name	Current Grade	Expected Graduation Date

TO THE REGISTRATION DEPARTMENT AND THE SOUTH ISLAND PARTNERSHIP:

For the 2024/25 school year, I, _____, give permission to
 _____ Student Name
 _____ & _____
 Student High School Parent/Guardian Name

to access my student records and conduct student-related business on my behalf while I am registered in this South Island Partnership program.

_____	_____	_____
Parent/Guardian Primary Email	Parent Phone (H)	Parent Phone (C)

Student Signature: _____

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

Canadian (Y/N) _____ OR Permanent Resident (Non-Canadian) (Y/N) _____ * if yes, please provide copy of card
 Indigenous (Y/N) _____ * if yes, please specify (Status/Non-Status/Metis/Inuit): _____

TEACHER / COUNSELLOR APPROVAL

_____	_____	_____
Name (please print)	Signature	Email

STUDENT DECLARATION

Please read the following before signing:

The personal information on this form and other personal information which forms part of your student record is collected under the legal authority of College and Institutes Act, [RSBC 1996] c.52, and the Freedom of Information and Protection of Privacy Act [RSBC1996] c. 165 . The information is used for administrative and statistical research purposes of the College and/or the ministries or agencies of the Government of British Columbia and the Government of Canada. The information will be protected, used, and disclosed in compliance with those acts. Except as provided in the foregoing, the personal information collected on this form and other personal information that comprises your student record will not be disclosed to any other person without your consent. A “Permission to Release Information” form, available from Student Services and camosun.ca, must be signed in order for Camosun College to provide access or release your personal information to any other person. Camosun College may be required to release a student’s personal information if it becomes aware of compelling circumstances where there is a risk to the health and safety of the student or others.

- 1) I, the applicant, declare that all information contained on this application for admission is true and complete and no information has been withheld to the best of my knowledge.
- 2) I agree to abide by the rules, regulations and policies of Camosun College.
- 3) I understand the application fee is non-refundable, is required from all applicants to a program and the application will not be processed until this fee is received.
- 4) I understand and agree that acceptance of this application in no way guarantees admission to the program or course and that this application is subject to the availability of seats. I understand and agree the College reserves the right to modify or cancel any program or course without notice or prejudice

Signature of Applicant

Date

SCHOOL-BASED TEACHER RECOMMENDATION FORM

Student name: _____
(please print clearly)

1. Strengths displayed on a regular basis:

a) _____

b) _____

2. Areas requiring more attention:

a) _____

b) _____

3. Please comment on student readiness:

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

5. Is there anything else you think we should know that would impact success while at Camosun College?

Teacher Name

Teacher Signature

Date (D/M/Y)