



**CENTRAL INTERIOR REGIONAL**  
**Career Technical Centre**  
*FAST TRACK CAREER PATH*

Mailing: 3330 - 22nd Avenue Prince George, BC V2N 1P8  
 Office: 1727 West Central St., Prince George (Brink Campus)  
 Phone: 250-561-5858 • Fax: 250-561-5844  
 Email: [ctc@cnc.bc.ca](mailto:ctc@cnc.bc.ca) • Website: [www.cnc.bc.ca/ctc](http://www.cnc.bc.ca/ctc)

<b>Student Last Name</b>	<b>Student Legal First Name</b>	<b>Student Middle Name</b>
<b>Student Email</b>	<b>Student Cell phone</b>	<b>Student Birthday</b>
<b>Mailing Address, City, Province</b>		<b>Postal Code</b>
<b>Aboriginal Students</b> Do you identify yourself as an Aboriginal Person? <input type="checkbox"/> Yes <input type="checkbox"/> No  Select one of the three options that best describes your Aboriginal Identity: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit		<b>Gender:</b>  <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Current High School</b>		<b>Current Grade</b>
<b>Program Applying For</b>		<b>Start Date (ex. February 2018)</b>
<b>Second Choice Program</b>		<b>Start Date</b>
Parent/Guardian 1's Name		Parent/Guardian 1's Relation
<b>Parent/Guardian 1's Email (Required)</b>		<b>Parent/Guardian 1's Cell Phone</b>
Parent/Guardian 2's Name		Parent/Guardian 2's Relation
<b>Parent/Guardian 2's Email</b>		<b>Parent/Guardian 2's Cell Phone</b>
<b>Parent/Guardian Approval &amp; Student Signature</b> I support my son/daughter's application to the Career Technical Centre Program as indicated above. I agree that the information contained in this application may be provided to the instructor(s) of the College of New Caledonia. I certify that all information submitted on/with this application is true and complete.		
_____ Parent/Guardian Signature		_____ Student Signature
		_____ Date

**Your application should have all of the following attached *before* you submit it:**

- Application for Admission
- Statement of Interest
- Teacher Reference
- Administrator Reference
- Resume
- Report Card
- Dual Credit Transition Plan

**Please submit your application in one of the following ways:**

- Directly to Doug Borden (CTC Coordinator)
- To your high school counsellor
- Email it to [ctc@cnc.bc.ca](mailto:ctc@cnc.bc.ca)
- Fax it to 250-561-5844
- Drop it off at the CNC Trades Office  
1727 W Central Street

<u>For office use only</u>
Coordinator:
<input type="checkbox"/> Book Interview
<input type="checkbox"/> Send Acceptance Pkg
<input type="checkbox"/> In person
<input type="checkbox"/> Hello sign
Admin:
<input type="checkbox"/> Entered in Espera
<input type="checkbox"/> Emailed School



# STATEMENT OF INTEREST

\* To be **HANDWRITTEN** by the student only \*

Name: \_\_\_\_\_ Program: \_\_\_\_\_

*Please answer the following questions to the best of your ability.*

1. What have you done so far to prepare yourself for study and work in this area? *(For example: job related or volunteer experience, extra-curricular activities or courses, reading, interviews with people, etc.)*

/2

2. What skills do you have that will help you be successful in this program?

/2

3. What interests you about a career in this field?

/2

4. What knowledge do you have of this career field? *(For example: opportunities of work, working conditions, wages, etc.) Go online to research your chosen program.*

/2

5. Have you talked to your school counsellor regarding your decision to enter CTC and the courses that you will require to make a smooth transition? Which courses will you need to complete prior to entry? Who was the counselor you talked to?

/1

6. Describe any special needs that the College should be aware of, or that might affect your performance. *(For example: learning disabilities, ADD/ADHD, medical or physical problems, etc.)*

/1



# TEACHER REFERENCE

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

Grade: \_\_\_\_\_

This student has applied for a seat in the \_\_\_\_\_ program.

**Please check the following traits as:**

	<i>Excellent</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Needs Improvement</i>
1. Maturity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Accuracy / Ability to follow instructions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Enthusiasm and interest.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adaptable - adjusts to new situations .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follows through on assigned tasks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Attendance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Punctuality.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Shows motivation to learn new skills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Can work independently .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a positive attitude towards work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Accepts constructive criticism .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Makes changes as a result of constructive criticism.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. As a candidate for this program, I would rate this student as: (circle most appropriate description)

1	2	3	4	5
<b>suitable</b>		<b>strong</b>		<b>exceptional</b>

14. Could this student be counted on to represent the District favorably in a College setting?

Yes       Possibly       No

15. Do you feel this student has a sincere interest in this District Partnership program?

Yes       Possibly       No

Additional comments:

**EVALUATION COMPLETED BY:**

\_\_\_\_\_  
Teacher (PRINT NAME)

\_\_\_\_\_  
Signature



# ADMINISTRATOR REFERENCE

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

Grade: \_\_\_\_\_

*This student has applied for a seat in the \_\_\_\_\_ program.*

***Please fill out questions 1-4 before meeting with your principal or vice-principal.***

1. Describe your interest and enthusiasm for your program of choice.

2. Describe how you follow through on assigned tasks.

3. Describe a time when you had to learn a new skill? What was the result?

4. What is your personal definition of what independent work looks like?

5. Could this student be counted on to represent the District favorably in a College setting?

Yes

Possibly

No

6. Do you feel this student has a sincere interest in this District Partnership program?

Yes

Possibly

No

***EVALUATION COMPLETED WITH:***

\_\_\_\_\_  
Administrator (PRINT NAME)

\_\_\_\_\_  
Signature