



SINCLAIR SECONDARY SCHOOL APPLICATION HEALTH & WELLNESS – SPECIALIST HIGH SKILLS MAJOR

- Complete the following application form and **return to Guidance** before March 10th.
- All applicants will be required to attend an interview.

Student Name:		
Current School:	Grade:	Homeroom:
Home Telephone:	Date of Birth: Month ____ Day ____ Year ____	
Home Address:		
City/Town:	Postal Code:	
Will you have a minimum of sixteen credits completed by June of this school year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Number of days absent last semester: _____	Number of days late last semester: _____	
What is your likely destination after Secondary School?		
Apprenticeship <input type="checkbox"/> Work <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/>		
In the space below explain why are you interested in being considered for this special high skills program?		
In the space below cite your experience in the SHSM you have selected. Additionally, outline any extra curricular and community involvement((consider sports, music, theatre, clubs, organizations).		
Check any up-to-date qualification you have in the areas of (note copies of certifications must be current at time of graduation):		
<input type="checkbox"/> First Aid <input type="checkbox"/> CPR C with AED <input type="checkbox"/> WHMIS		
<input type="checkbox"/> Leadership: certification name: _____ <input type="checkbox"/> Coaching: certification name: _____		
Other: _____		

Your Grade 11 and 12 Course Plan:

Fill in the bottom chart with all the courses you are planning in order to ensure you will achieve the SHSM.

Acceptable Health & Wellness SHSM Courses

SHSM Major Subjects (Group 1)		Math (Group 2)	English (Group 3)	Social Science/ Science (Group 4)
Grade 11	Grade 12	Grade 11	Grade 12	Grade 11/12
PAI 301	ATC4M1	MBF3C1	ENG4C1	HFA4U1/4C1
ATC3M1	BDV4C1	MCF3M1	ENG4E1	HFC3M1
CHE3O1	HFA4U1/4C1	MCR3U1	ENG4U1	HHG4M1
GPP3O1	HHG4M1	MEL3E1		HHS4U1/4C1
HFC3M1	HHS4U1/4C1/4M1			HIP3O1 /3E1 / 4O1
HPW3C1	HIP4O1			HIR33C1
HRT3M1	HPD4E1/4C1			HPD4C1/4E1
HSG3M1	HSB4U1			HPW3C1
HSP3U1/3C1/3M1	HSE4M1			HRT3M1
IDC3O1	HZT4U1			HSB4U1
NDA3M1	IDC4O1 / 4U1			HSP3U1/3C1
PAD3O1	NDW4M1			HZT4U1
PAF3O3/3O4	PAD4O1			ICS3C/3U/4C/4U
PAL3O1	PAF4O3/4O4			NDA3M1/ NDW4M1
PPL3O3/3O4	PAI4O1			SBI3C1/3U1/4U1
PPZ3O1/3C1	PAL4O1			SCH3U1
SBI3U1/3C1	PLF4C1/4M1			SCH4U1/4C1
SCH3U1	PPL4O1			SNC4E1/4M1
SPH3U1	PSE4U1/PSK4U1			SPH3U1
SVN3M1/3E1	SBI4U1			SPH4U1/4C1
	SNC4M1/4E1			SVN3E1/3M1
	SCH4U1/4C1			
	SPH4U1/4C1			

Your Grade 11 and Grade 12 Plan:

SHSM Major Subjects (Group 1) (You must select 4 courses from Group 1 and at least 1 must be from grade 12 and you <u>MUST select PAI301</u>)	Grade 11		Grade 12	
	PAI301			
Math (Group 2) (minimum 1 grade 11)				
English (Group 3) (minimum 1 grade 11 & 1 grade 12 course)				
Social Science/Science/ Business/Humanities (Group 4) (minimum 1 grade 11 or 12)				
Co-op – 2 credits **(may also be taken in summer of grade 10 or 11 – using link GLC2O9)	Summer going into grade 11 <input type="checkbox"/>	In-school <input type="checkbox"/>	Summer going into grade 12 <input type="checkbox"/>	In-school <input type="checkbox"/>



Specialist High Skills Major Letter of Agreement Sinclair Secondary School

This letter indicates that _____, a student at Sinclair Secondary School is enrolled in the Specialist High Skills Major sector:

Completion of the five necessary elements of this program listed below will result in the granting of a special designation on the graduation diploma, indicating that the Specialist High Skills Major has been completed.

Requirements

- 1. Completion of all required courses in the Specialist High Skills Major Timetable (attached) including 2 cooperation education credits.**
- 2. Completion of related work experience.**
- 3. Completion of the mandatory components of the Ontario Skills Passport.**
- 4. Participation in “reach ahead” activities involving an employer, university apprenticeship training or college.**
- 5. Completion of the required industry recognized certifications for the Specialist High Skills Major (see attached).**

**Upon registration the student’s enrollment and status in the program will be maintained on the student’s Ontario Student Record.*

**Students may register in one SHSM program only.*

The signature below indicates agreement and consent to participate in this program.

(Student name)

(Parent/Guardian signature)

(SHSM Lead Teacher)

Principal

Date



SINCLAIR SECONDARY SCHOOL

APPLICATION FOR COOPERATIVE EDUCATION PROGRAM

Student Name:	Grade:	Homeroom:	Rec'd Date Stamp
Student Email:			
Date of Birth: MONTH DAY YEAR	Home #: ()	Cell #: ()	
Home Address:			
City/Town:		Postal Code:	
Will you have a minimum of sixteen credits completed by June of this school year?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Co-operative Education Options –Review the options below and choose one.

Option #1 – General Co-op:

2 Credit Co-op 4 Credit Co-op 4 Credit OYAP Co-op

Option #2 – Specialized High Skills Major Programs (SHSM) (Note: additional application required):

Business Health and Wellness Sport Environment

What is your destination after Secondary School?

•Apprenticeship in the skilled trades _____ •Work _____ •College _____ •University _____

Identify desired work experience or Co-op placement:

1st Choice _____ Alternate Choice _____

*** Make a note if you wish to do two different coop placements. (If so select CWE 209 Twice)

References

Students must provide references from two teachers who have taught them in a subject related to the type of placement being applied for.

1) Teacher Name and Subject (Please Print)

2) Teacher Name and Subject (Please Print)

Teacher's Signature (See note below)

Teacher's Signature (See note below)

****Note to teachers: Your signature indicates your acknowledgment that the student has been: academically successful, conscientious, punctual and in regular attendance, and a suitable candidate for participation in the Co-op program. If you have concerns regarding this application please speak to a Co-op teacher prior to signing.**

Parent/Guardian Signature

Date:

Student Signature

Date:

**SINCLAIR SECONDARY SCHOOL
APPLICATION FOR COOPERATIVE EDUCATION PROGRAM**

EMPLOYMENT INFORMATION

(To be completed by student)

WORK EXPERIENCE: Including Jobs or Volunteer:

Job Title	Length of Time Employed
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Provide the following information about yourself.

Favourite School Subjects	Personal Hobbies/Interests
_____	_____
_____	_____
_____	_____

Identify your three (3) best personal qualities (reasons why you should be part of co-op).

1. _____ 2. _____ 3. _____

POSSIBLE OBSTACLES TO CO-OP (Note: The method of transportation and transportation costs are the responsibility of the student)

What method(s) of transportation will you use to travel to Co-op? _____

Identify personal and school activities that might interfere with a possible placement?

PRE-EMPLOYMENT MARKS: (To be completed by Co-op Teacher)

Cover letter	/35	Resume	/35	Emailed on Time	/10	Total	/80
Interview Completed and Sheet Returned							
				/20			

Notes:
