

Secondary School Apprenticeship TRAINING BOOKLET STUDENT'S FILE CHECKLIST

Student's name: _____ Grade Level (at time of interview): _____

The following **MUST** be located in a student's "SSA" File. "Completed" means that tasks have been completed and are in the student's file.

Checklist for SSA 11A, 11B, 12A and 12B

	11A (0-120 hrs)	11B (120-240 hrs)	12A (240-360 hrs)	12B (360-480 hrs)
WCB Clearance Letter	<input type="checkbox"/> Completed			
"SSA" Moodle Activity	<input type="checkbox"/> Completed			
Student's Current Transcript	<input type="checkbox"/> Completed			
Birth Certificate	<input type="checkbox"/> Completed			
Social Insurance Number				
Attendance Record (past 2 years)	<input type="checkbox"/>			
Training Plan	<input type="checkbox"/> Completed			
Student Education/Transition Plan	<input type="checkbox"/> Completed			
Resume	<input type="checkbox"/> Completed			
One Page Personal Letter	<input type="checkbox"/> Completed			
Oath of Confidentiality	<input type="checkbox"/> Completed			
"New Worker Orientation"	<input type="checkbox"/> Completed			
"See It, Think It, Do It"	<input type="checkbox"/> Completed			
Coordinator has discussed/ provided: <ul style="list-style-type: none"> • ITA trade profile • Technical training opportunities • Scholarship requirements • Employer Tax Incentives • Log Book requirements 	<input type="checkbox"/> Completed			
	11A (0-120 hrs)	11B (120-240 hrs)	12A (240-360 hrs)	12B (360-480 hrs)
ITA Youth Sponsor and Registration form	<input type="checkbox"/> Completed			
Completed Interview notes	<input type="checkbox"/> Completed			

SD#83 Secondary School Apprenticeship Training Booklet

Does your employer have WorkSafe BC?

- Complete the on-line **SSA activity** at <http://moodle.sd83.bc.ca>
- Meet with the Career Co-ordinator/Clerk at your school – they will have your results.
- Complete the following tasks and return them to your Career Co-ordinator/Clerk:
 - **“SSA Training Plan”** (including all signatures)
 - **“Student Education/Transition Plan”** (including all signatures)
 - **“New Worker Orientation”**
 - **“See It, Think It, Do It”**
 - **“Oath of Confidentiality”**
 - An **up to date resume.**
 - A **personal letter** outlining why you want to become a Secondary School Apprentice
 - A current **high school transcript**
 - A copy of your **birth certificate**
 - An **attendance record** for past two years (obtain from Career Clerk)
 - Complete SSA Apprentice & Sponsor Registration Form (<http://www.itabc.ca/AssetFactory.aspx?did=2249>)
- Participate in a successful **SSA Interview**
- **Log your work hours** in a **log book** provided by the School District or a personal one.
- Complete an **employer evaluation, student self-reflection and work based training report every 120 hours**. Submit completed forms to the Career Co-ordinator/Clerk.



Secondary School Apprenticeship - Training Plan

Date: _____

NOTE: Student's must be working at a site that has *WorkSafe BC coverage* in order to be eligible for SSA credit. Employers...please provide your Legal Business name below.

Student Name: _____ Student Phone Number: _____

Employer/Business: _____ Employer Phone Number: _____

As a Secondary School Apprentice, it is expected that students will be exposed to the concepts outlined in the ITA Program Profile or Program Outline for the trade that they are registered in. Below are the concepts for the registered trade:

Co-ordinators/clerks will complete the above section. Employers are NOT expected to address all of the above outcomes throughout the Secondary School Apprenticeship.

Major duties to be performed by the student (i.e. What will the student be doing?):

- _____
- _____
- _____
- _____

Major skills to be used by the student (i.e. use of specific tools/equipment, cooking skills...):

- _____
- _____
- _____
- _____

REQUIRED SIGNATURES

By their signatures, the parties signify their agreement with the terms of the Training Plan above.

Career Co-ordinator

Student

Employer Contact

Parent/Guardian

STUDENT EDUCATION/TRANSITION PLAN

TODAY'S DATE: _____ STUDENT NAME: _____

SECONDARY SCHOOL: _____ STUDENT GRADE: _____

Grade 10: Science/Math/SS/English/PE/Planning required

SEMESTER ONE	SEMESTER TWO

Grade 11: English/Socials/Science/Math required

SEMESTER ONE	SEMESTER TWO

Grade 12: English 12 or Communications 12 required

SEMESTER ONE	SEMESTER TWO

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

CAREER CO-ORDINATOR/COUNSELLOR SIGNATURE: _____ DATE: _____

New Worker Orientation



Contact Information

Employee's Name:	
Business Name:	
Supervisor's Name:	
Phone:	Email:

If any of the following applies, complete and document a workplace orientation. Worker is:

- A new worker under 25 years old
- New to the workplace
- Returning to a workplace where hazards have changed during their absence.
- Affected by a change in the hazards of the workplace.
- Relocated to a new workplace with different hazards from the previous workplace

Employer Responsibilities

Your **employer has the responsibility to:**

- Ensure workers' health and safety
- Establish a health and safety program
- Inform workers of the hazards in their workplace (WHMIS....)
- Ensure that you are properly trained, educated and supervised to protect your health and safety
- Inspect the workplace to correct unsafe conditions
- Provide first aid should you be injured
- Investigate reports of injury and disease, near-misses, and complaints of unsafe conditions

Orientation must be completed before a worker begins work at a workplace.

Worker Rights

You **have the right to:**

- A safe work environment
- Health and safety information, instruction, and training
- Know the hazards to which you are likely to be exposed
- Equipment, including personal protective (PPE)
- Be represented by and participate in health and safety activities
- Refuse *unsafe* work
- Not be discriminated against(i.e. fired or disciplined) for exercising any right or carrying out a health and safety responsibility(i.e. refusal of unsafe work, reporting a hazard or injury, or filing a claim

Employees Need to Know the Following EMERGENCY PROCEDURES:

First Aid:

- **Know when to call first aid**
- **Demonstrated how to call for first aid**
- **Showed location of first aid room**
- **Identified the first aid attendant(s)**

Fire:

- **How to respond to fire or smoke**
- **Evacuation procedures**

Chemical and Body Fluid Spills:

- **Know when and how to alert help**
- **Demonstrated spill clean-up procedures and supplies**

Other:

- **Severe seasonal weather**
- **Natural disaster**
- **Power failure**

Worker Responsibilities

You have to **responsibility to:**

- Follow safe work procedures and safety rules
- Use protective clothing, devices, and equipment appropriately
- Report hazards and unsafe situations to your supervisor
 - In person
 - By phone or email
 - With a hazard/incident report form
- Refuse any task you believe poses undue risk
 - Immediately report the situation to your supervisor (you might be assigned to other work)
 - If you feel the work continues to be unsafe, contact your worker safety representative to investigate
 - If you feel the work still continues to be unsafe and you have not been assigned to other work, contact WorkSafe BC for a determination
- Not engage in horseplay or work while impaired
- Report injuries or disease immediately to your supervisor and follow your company's reporting procedure
 - Seek first aid, and
 - If necessary, seek further medical attention. Tell your doctor that your injury was work related

Workplace Hazards, Safety Policies, Procedures, and Practices

<p>Overexertion from patient and material handling (Leading to back, shoulder or arm injuries):</p> <ul style="list-style-type: none"> ● How to assess risk ● Use of equipment ● Safe handling techniques (including manual lifting restrictions) 	<p>Falls (slipping and tripping):</p> <ul style="list-style-type: none"> ● High risk areas (hallways, bathrooms, parking lots, sidewalks, stairs) <p>Working alone:</p> <ul style="list-style-type: none"> ● Check in procedure
<p>Exposures:</p> <ul style="list-style-type: none"> ○ Blood and body fluids (BBF)/ infectious diseases (HIV/AIDS...) <ul style="list-style-type: none"> ● Standard precautions, incl. protective equipment, hand –washing ● What to do if exposed to BBF (including getting to a hospital within 2 hours of being stuck by a needle) ○ Chemical hazards (latex, cleaners...) <ul style="list-style-type: none"> ● Safe practices to minimize exposure ● WHMIS symbols, labels, Material Safety Data Sheets 	<p>Violence (the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behavior that gives a worker reasonable cause to believe that she or he is at risk of injury):</p> <ul style="list-style-type: none"> ○ Informed of history of violence by client or at site ○ Procedures to maintain risk/respond to violent incidents

I have reviewed (with a Career Staff member) the above **prior to the start of my SSA placement.**

Student Signature: _____

Date: _____

Work Safe Hazard Recognition Activity

SEE IT! THINK IT! DO IT!



Your Rights and Responsibilities: You have the right to refuse work if you have reasonable cause. Do not stop working or go home! Report any problems immediately to your employer.

Student Name: _____ Date: _____

Briefly describe the worksite you will be at (office, construction site, etc...)

Circle or highlight any hazards below that may be present in your work placement.

<p>Office Work and Civil Service</p> <p>(including: Medical, Veterinarian, Nursing, Teaching...)</p> <p>Slips, trips and falls Improper use of equipment Faulty equipment Lifting Human conflict situations</p>	<p>Hospitality or Culinary Arts (Chef, Hotel Management...)</p> <p>Burns Lifting Cuts with knives Working with slicers Bio-hazards</p>												
<p>Construction Trades</p> <p>(Carpentry, Cabinet Making, Construction, Plumbing, Sheet Metal, Electrical...)</p> <p>Power tools (skills saw...) Fall from heights Objects falling from above Stepping on nails Electric shock</p>	<p>Industrial Trades</p> <p>(Welder, Mechanic, Machinist, Pipe Fitter, Steel Fabricator...)</p> <p>Power Tools: bench/angle grinders, lathes, tire machine... Falling objects Chemical burns Eye injury (arc welding/flying particles) Improperly lifting vehicles on jacks/hoists</p>												
<p>Common Hazards:</p> <table style="margin: auto; border: none;"> <tr> <td style="padding: 5px;">Faulty equipment</td> <td style="padding: 5px;">Trip hazards</td> <td style="padding: 5px;">Reaching/lifting</td> </tr> <tr> <td style="padding: 5px;">Falling/flying debris</td> <td style="padding: 5px;">Electric shock</td> <td style="padding: 5px;">Clothing snags</td> </tr> <tr> <td style="padding: 5px;">Eye injuries</td> <td style="padding: 5px;">Equipment left running</td> <td style="padding: 5px;">Fumes</td> </tr> <tr> <td style="padding: 5px;">Drowning</td> <td style="padding: 5px;">Improper lock out</td> <td></td> </tr> </table>		Faulty equipment	Trip hazards	Reaching/lifting	Falling/flying debris	Electric shock	Clothing snags	Eye injuries	Equipment left running	Fumes	Drowning	Improper lock out	
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Falling/flying debris	Electric shock	Clothing snags											
Eye injuries	Equipment left running	Fumes											
Drowning	Improper lock out												

I have reviewed (with a Career Staff member) the above **prior to the start of my SSA placement.**

Student Signature: _____

Oath of Confidentiality



Students: Read the following.

Confidentiality means not revealing information.

“What you hear on the job stays on the job.”

Confidential Information **may include** information about:

- **Customers/Clients** – This includes very private information, such as health records, credit history or criminal records. It could also include information you may not consider personal, such as contents of a person’s home.
- **Company Finances** – This is information about company earnings, profit, wages and salaries.
- **Employees** – This may include personal records or attendance records.

Guidelines to Privacy and Confidentiality

- Is it legal?
- Does the behavior make sense? (Could someone be harmed physically or mentally?)
- Are you being fair to everyone involved?
- Will the people in authority at your work site approve?
- How would you feel if someone did the same thing to you?
- How do others (supervisors and co-workers) feel about it?
- How would you feel if the whole world knew about it?

Personal Information That Must Be Kept Confidential

- Name, address and telephone number
- Health care history
- Educational, financial, criminal or employment history
- Anyone else’s opinions about the individual concerned
- What you see, hear or read pertaining to someone else’s information

Oath of Confidentiality: I must at all times – even after I have left the company – *maintain secrecy* with regard to the *company’s business and the business of its customers*, and that, unless authorized, I must not make public any information relative to this company.

Please **sign** that you have read this form and agree with the **“Oath of Confidentiality”**:

Student Name (please print): _____

Student Signature _____