





# ACE IT APPLICATION PACKAGE

## Application for Admission Statement of Interest and Intent

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

Please answer the following questions to the best of your ability:

1) What related work experience do you have in the trade area?

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2) Why are you interested in this program?

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3) What skills or talents do you have that will help you succeed in this program?

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4) What are your interests outside of school?

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5) What are your plans after completing this program?

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6) What extra-curricular or teams sports do you participate in?

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7) Do you have any further comments for the application committee?

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## **Confidential** PERSONAL REFERENCE FORM

Please provide a personal reference from someone who best knows your skills and abilities.

**Please forward this form to the Sechelt Learning Centre - Career Program**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Name First Name

This student has applied for a seat in the ACE IT Program \_\_\_\_\_  
(Trade Area)

Please provide comments that will aid in the selection of appropriate candidates.

Please check the following traits as: Excellent Good Satisfactory Needs Improvement  
(1) (2) (3) (4)

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|--|-----|-----|-----|-----|
| 1. Maturity                                | ___ | ___ | ___ | ___ |
| 2. Accuracy/ability to follow instructions | ___ | ___ | ___ | ___ |
| 3. Enthusiasm and interest                 | ___ | ___ | ___ | ___ |
| 4. Adaptability -adjusts to new situations | ___ | ___ | ___ | ___ |
| 5. Follows through on assigned tasks       | ___ | ___ | ___ | ___ |
| 6. Attendance                              | ___ | ___ | ___ | ___ |
| 7. Punctuality                             | ___ | ___ | ___ | ___ |
| 8. Shows motivation to learn new skills    | ___ | ___ | ___ | ___ |
| 9. Can work independently                  | ___ | ___ | ___ | ___ |
| 10. Has positive attitude towards work     | ___ | ___ | ___ | ___ |
| 11. Communication -oral, written & spoken  | ___ | ___ | ___ | ___ |
| 12. Accepts constructive criticism         | ___ | ___ | ___ | ___ |
| 13. Makes changes as a result of learning  | ___ | ___ | ___ | ___ |

14.  YES  POSSIBLY  NO Could this student be counted on to represent the school favorably in an industry training setting?

15.  YES  POSSIBLY  NO Do you feel this student has a sincere interest in this program?

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluation completed by:

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

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

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

**SCHOOLS, PLEASE SEND THIS APPLICATION PACKAGE TO THE SECHELT LEARNING CENTRE, CAREER PROGRAMS, FAX: 604-885-0567**