

## CULINARY SKILLS BOOT CAMP STUDENT APPLICATION DEADLINE: WEDNESDAY, NOVEMBER 7, 2018

The Saskatoon Industry-Education Council (SIEC) is proud to present the Culinary Skills Boot Camp. The application form would be submitted to the SIEC office. One teacher recommendation form is required to complete your application. Please ensure you answer the questions to the best of your ability.

# PERSONAL DATA MAKE SURE THIS APPLICATION FORM IS LEGIBLE. PLEASE COMPLETE IN PEN.

### Student Information

| Last Name           | First Name            | Middle Name |
|---------------------|-----------------------|-------------|
| Address & City/Town |                       | Postal Code |
| Home Phone          | Cell Phone            | Grade       |
| School              | Date of Birth (m/d/y) |             |
| Email Address       |                       |             |

## Parent/Guardian Information (if applicable)

| Mother/Guardian Name               | Work Phone  |  |
|------------------------------------|-------------|--|
| Address & City/Town (if different) | Postal Code |  |
| Mother/Guardian Email Address      |             |  |
| Father/Guardian Name               | Work Phone  |  |
| Address & City/Town (if different) | Postal Code |  |
| Father/Guardian Email Address      |             |  |

### **Health Information**

| Doctor Name                               |               | Phone |  |  |
|---|---------------|-------|--|--|
| Health Care No.                           |               |       |  |  |
| Important Medical Information             |               |       |  |  |
|   |               |       |  |  |
|   |               |       |  |  |
| N (445                                    |               |       |  |  |
| Name of 1st Emergency Contact             |               |       |  |  |
| Day Phone                                 | Evening Phone |       |  |  |
| Name of 2 <sup>nd</sup> Emergency Contact |               |       |  |  |
| Day Phone                                 | Evening Phone |       |  |  |
| Information Deleverable the Deat Occur    |               |       |  |  |

### Information Relevant to the Boot Camp

1. Do you have any of the listed certificates?

| Food Safe        | Yes | No |
|------------------|-----|----|
| CPR              | Yes | No |
| First Aid        | Yes | No |
| WHMIS            | Yes | No |
| SYA              |     |    |
| Level 1          | Yes | No |
| Level 2          | Yes | No |
| Level 3          | Yes | No |
| Other not listed |     |    |

2. Do you have any culinary/baking experience? (include school courses (PAA), specialized programs, summer employment, career/work education experience, etc.)

Yes No If yes, please explain:

| 3. Do you have any future  | e plans to pursue a career in the culinary in       | ndustry; if so please explain?                      |  |
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| 4. In a paragraph explain  | why you believe you are a strong candida            | ate to participate in the SIEC Culinary Skills Boot |  |
| Camp. Why are you i  | nterested in participating in the SIEC Culir        | nary Skills Boot Camp?                              |  |
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| Voluntary Self-Declaration:  |   |   |  |
| Person with a Disability   | Visible Minority                                    | Treaty/Registered (Status) Indian                   |  |
|  |   |   |  |
| Metis Person   | Non-Status Indian                                   | Inuit Person  |  |
| Please   | indicate the name of the teacher who is filling out | the recommendation form on your behalf:             |  |
|  |   |   |  |
| Please submit this application form through the designated person in your school to: |   |   |  |

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