



SCHOOL DISTRICT NO. 73
(Kamloops-Thompson)

Health Sciences Academy

Student Application



Application Due to TNT Coordinator – February 16, 2024

(Please print legibly in blue or black ink.)

| | |
|------------------------------|---|
| Date: _____ | Current Grade: _____ |
| Name: _____ | _____ |
| | <i>Legal Last Legal First Usual First Middle</i> |
| Mailing Address: _____ | _____ |
| | <i>Street Address / PO Box City Postal Code</i> |
| Home Phone: _____ | Parent/Guardian Cell: _____ |
| Student PEN: _____ | Student Cell: _____ |
| | <i>9 digit number</i> |
| Parent/Guardian Email: _____ | Student Email: _____ |
| Home School: _____ | TNT Coordinator: _____ |
| _____ | _____ |
| <i>Applicant Signature</i> | <i>TNT Coordinator Signature</i> |

| | |
|--|----------------------------------|
| <ul style="list-style-type: none"> • My child’s demographic, medical, and permission status information has been updated with their home school | Yes / No (circle one) |
| <ul style="list-style-type: none"> • I allow SD73 to use any work or school related picture(s) of my child for the purpose of promotion and communication for the program | Yes / No (circle one) |
| _____ | _____ |
| <i>Parent/Guardian Name (please print)</i> | <i>Parent/Guardian Signature</i> |

Keep a Copy

You are strongly encouraged to keep a copy of your application as well as all future forms, paperwork, and emails for your personal records.

Application Checklist

For assistance or more information, please contact your TNT Coordinator or Counsellor.
Deliver completed application package no later than **February 16, 2024**, to your TNT Coordinator.

| All items below are required: | | Page(s) | Completed & Attached |
|-------------------------------|--|---------|--------------------------|
| 1 | Program fee of \$400.00 to be included with this application (Please make cheque payable to "SD73") | | <input type="checkbox"/> |
| 2 | Student Application Form | 1 | <input type="checkbox"/> |
| 3 | Application Checklist – this page | 2 | <input type="checkbox"/> |
| 4 | Health Sciences Academy – Description | 3 | <input type="checkbox"/> |
| 5 | Health Sciences Academy – Parent Statement Form | 4 | <input type="checkbox"/> |
| 6 | Health Sciences Academy – Student Statement Form | 5 | <input type="checkbox"/> |
| 7 | Health Sciences Academy – Research Activity | 6 | <input type="checkbox"/> |
| 8 | Health Sciences Academy – Applicant Evaluation #1 | 7 | <input type="checkbox"/> |
| 9 | Health Sciences Academy – Applicant Evaluation #2 | 8 | <input type="checkbox"/> |
| 10 | Student Education / Transition Plan | 9 | <input type="checkbox"/> |
| 11 | TNT Statement of Recommendation | 10 | <input type="checkbox"/> |
| 12 | Health Sciences Academy – Interview Notes | 11-12 | <input type="checkbox"/> |
| 13 | Health Sciences Academy – Applicant Profile | 13 | <input type="checkbox"/> |
| 14 | Secondary Transcript, Attendance, and Conduct Reports <i>(TNT to obtain from admin/counselling)</i> | | <input type="checkbox"/> |



Health Sciences Academy Description



The Health Sciences Academy will allow students to explore and experience a range of in-demand, public sector health care occupations. Through this exploration, students will have the opportunity to connect their interests and passions to numerous health career experiences with an emphasis on hands-on learning.

The structure of the Health Science Academy will include 4, 120 hours courses within 1 semester, under the supervision of a certified teacher. Students enrolled in the district academy will attend the academy for the entire day each day of the semester. Courses that will be taught within the District Health Sciences Academy will include: Health Career Sampler, Anatomy and Physiology, Work Experience, and Career Life Connections 12. Emphasis will be placed on hands-on learning through complex case management simulation and work experience. Students will work in teams within the classroom taking on the roles of a variety of health care professionals as they work to support a care plan for a simulated patient. Students will expand upon their knowledge of health care professions by completing 120 hours of work experience in one or more health care provider settings. Career Life Connections 12 will provide for the creation of a Capstone demonstration of learning in a health sciences post-secondary transition plan.

Strongly Recommended Courses Completed Prior to Academy Start:

- Life Sciences 11
- Chemistry 11

Who Attends: Gr 11 and 12 students

Date: Semester 1, September to January

Fee: \$400 (if paying by cheque, please make payable to "SD73")

Location: Brocklehurst Secondary School



Health Sciences Academy Parent Statement Form



Parent/Guardian - Statement of Readiness

Parent/Guardian Name: _____ Date: _____

The applicant has indicated an interest in enrolling in the Health Sciences Academy at Brocklehurst Secondary School. Keeping in mind that they would be studying in an adult learning environment in which they are expected to be self-motivated, self-directed, and not reliant on others to assist in the organization of their learning activities, we ask you to comment on the following:

1. Why do you think your child should participate in the Health Sciences Academy?

2. Please comment on your child's suitability for a program that requires consistent attendance, effort, and ability to follow instructions.

Parent/guardian to initial each line.

I acknowledge my child:

____ Will be taught at Brocklehurst Secondary School in semester one (Sept-Jan)
Initial

____ Can participate in extra-curricular activities at home school outside of classroom
Initial hours

____ Will pay the program fee of \$400.00
Initial



SCHOOL DISTRICT NO. 73
(Kamloops-Thompson)

Health Sciences Academy Student Statement Form



Trades and Transitions
SCHOOL DISTRICT NO. 73
Career Development

Student - Statement of Commitment

Student Name: _____ Date: _____

1. What have you done to prepare yourself for study in this academy? (e.g., related jobs, volunteer experience, extra-curricular activities, courses, reading, interviews with people, job shadows).

2. Explain the interests and skills you have that will help you to succeed in the academy.

3. With limited seats available, please describe why you are a good candidate for the Health Sciences Academy?



Health Sciences Academy Research Activity



My career goal is: _____

I want to do this because:

Based on your career goals, please research the following questions:

1. Describe the career you are interested in.

2. What are some of the jobs/tasks that you would do in this career?

3. What high school courses would help you get into this career?

4. What salary can you expect to get from this career?

5. What is the “future potential” of this career in terms of employment? For example, will there be many jobs in this trade in the future?

6. Based on your research, are you still interested in this career? Why?

Health Sciences Academy - Applicant Evaluation #1

(To be completed by a **Teacher**)

Applicant Name: _____
Last (please print) First (please print)

School: _____

| Scoring legend for each of the following categories: (3 = Excellent; 2 = Good; 1 = Satisfactory) | Student Score |
|--|---------------|
| 1. Maturity | |
| 2. Accuracy / ability to follow instructions | |
| 3. Enthusiasm and interest | |
| 4. Adaptable (adjusts to new situations) | |
| 5. Follows through on assigned tasks | |
| 6. Attendance | |
| 7. Punctuality | |
| 8. Shows motivation to learn new skills | |
| 9. Ability to work independently | |
| 10. Has positive attitude towards work | |
| 11. Accepts constructive criticism | |
| 12. Makes changes as a result of constructive criticism | |
| Total Score: (36 maximum) | |

Evaluation completed by:

 Teacher (Print Name)

 Course Taught

 (Signature)

 (Date)

Health Sciences Academy - Applicant Evaluation #2

(To be completed by an **Employer or Community Member**)

Applicant Name: _____
Last (please print) First (please print)

School: _____

| Scoring legend for each of the following categories: (3 = Excellent; 2 = Good; 1 = Satisfactory) | Student Score |
|--|---------------|
| 1. Maturity | |
| 2. Accuracy / ability to follow instructions | |
| 3. Enthusiasm and interest | |
| 4. Adaptable (adjusts to new situations) | |
| 5. Follows through on assigned tasks | |
| 6. Attendance | |
| 7. Punctuality | |
| 8. Shows motivation to learn new skills | |
| 9. Ability to work independently | |
| 10. Has positive attitude towards work | |
| 11. Accepts constructive criticism | |
| 12. Makes changes as a result of constructive criticism | |
| Total Score: (36 maximum) | |

Evaluation completed by:

(Print Name)

Relationship to Candidate

(Signature)

(Date)



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Student Education / Transition Plan

(To be completed yearly by TNT Coordinator and Student)



SCHOOL DISTRICT NO. 73
Career Development

Student Name: _____ Current Student Grade: _____

Home School: _____ Career Program: _____

Dates of Program: _____ Location of Program: _____

Grade 10 Courses:

| Semester One | Semester Two |
|--------------|--------------|
| | |
| | |
| | |
| | |

Grade 11 Courses:

| Semester One | Semester Two |
|--------------|--------------|
| | |
| | |
| | |
| | |

Grade 12 Courses:

| Semester One | Semester Two |
|--------------|--------------|
| | |
| | |
| | |
| | |

****TNT Coordinators - must use codes for program, not course name**

Student has a plan in place to meet Grad Requirements

| Requirements |
|---|
| <input type="checkbox"/> 4 Credits Language Arts 10 |
| <input type="checkbox"/> 4 Credits Math 10 |
| <input type="checkbox"/> 4 Credits Social Studies 10 |
| <input type="checkbox"/> 4 Credits Science 10 |
| <input type="checkbox"/> 4 Credits Physical & Health Education 10 |
| <input type="checkbox"/> 4 Credits Career Life Explorations |
| |
| <input type="checkbox"/> 4 Credits Language Arts 11 |
| <input type="checkbox"/> 4 Credits Social Studies 11 or 12 |
| <input type="checkbox"/> 4 Credits Science 11 or 12 |
| <input type="checkbox"/> 4 Credits Math 11 or 12 |
| <input type="checkbox"/> 4 Credits Language Arts 12 |
| |
| <input type="checkbox"/> 16 Credits of other electives (10,11, or 12) |
| <input type="checkbox"/> 4 Credit Career Life Connections |
| <input type="checkbox"/> 4 of my elective Credits ADST or Arts Elective (10, 11, or 12) |
| <input type="checkbox"/> 8 Credits Gr 12 Electives |
| |
| <input type="checkbox"/> Minimum 80 Credits |

| To be completed prior to program |
|--|
| <input type="checkbox"/> Literacy 10 |
| <input type="checkbox"/> Numeracy 10 |
| <input type="checkbox"/> Literacy 12 |
| <input type="checkbox"/> Indigenous Focused Course |

Student Signature

Date

Parent/Guardian Signature

Date

TNT Coordinator Signature

Date

Counsellor Signature

Date



SCHOOL DISTRICT NO. 73
(Kamloops - Thompson)

TNT Statement of Recommendation

(To be completed by TNT Coordinator)



Trades and Transitions
SCHOOL DISTRICT NO. 73
Career Development

Thank you for completing the TNT Statement of Recommendation regarding the student named below. The information on this reference will be used to determine candidates for the Health Sciences Academy. A quality response to the general comments section is also important.

Applicant Name: _____ School: _____

TNT Name: _____ Date: _____

TNT Signature: _____

POOR TO EXCELLENT

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Interest – Does the applicant demonstrate a keen interest in the trade? Comments: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Aptitude – Do their hobbies and interests reflect an ability to do hands-on work? Comments: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Learning and Study Skills – Is the student prepared for the homework load? Has the applicant demonstrated effective learning and study skills? Comments: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Maturity – Does the applicant demonstrate a level of maturity suitable for a post-secondary environment? Comments: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Initiative / Motivation Comments: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| General Comments: | | | | | | | | | | |

Score: Add 5 sections, divide by 5 = _____



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Health Sciences Academy Interview Notes

(To be completed by TNT Coordinator)



Please comment on each category.

Student Name: _____ **School:** _____

1. **Attendance (Unexcused Absences):** {0 = 10 days or more, 5 = 5 to 10 days, 10 = less than 5 days}

2. **Conduct (Administration's student file):** {0 = needs improvement, 5 = satisfactory, 10 = good}
➤ include last 2 years

3. **TNT Coordinator Statement of Recommendation:** {add 5 scores, divide by 5}

4. **Calculation for Grades based on the 8 most recently completed courses:**

| Course Name | Course Grades |
|--|---------------|
| <i>Example:</i> English 10 | 86% |
| | 1. |
| | 2. |
| | 3. |
| | 4. |
| | 5. |
| | 6. |
| | 7. |
| | 8. |
| {% average of the 8 courses / 100 x 10, round to 2 decimal places} | Score: |

5. **Evaluations (using Evaluation #1 and #2):** *{sum of both evaluations / 72 x 10, round to 2 decimal places}*

6. **Does this student have an IEP?** **Yes** **No**

If YES, please ensure TNT Coordinator discusses with the student and Learning Support Teacher.

TNT Coordinator Signature

Health Sciences Academy - Applicant Profile

(To be completed by the TNT Coordinator/Counsellor **WITH** the Applicant)

| | Maximum Score | Student Score |
|--|---------------|---------------|
| 1. Attendance (Unexcused Absences): use <i>TNT Attendance Profile</i> Full days (0 = 10 days or more, 5 = 5 to 10 days, 10 = less than 5 days) | 10 | |
| 2. Conduct (Administration's student file - past 24 months) (0 = needs improvement, 5 = satisfactory, 10 = good) | 10 | |
| 3. TNT Statement of Recommendation | 10 | |
| 4. Course Grades (Based Upon <u>Most Recent</u> 8 Completed Courses) (% average of last 2 complete semesters / number of courses) | 10.00 | |
| 5. Evaluations (using Evaluation #1 and #2) (sum of both evaluations / 72 x 10, please round to 2 decimal places) | 10.00 | |



School Requested Acceptance Conditions

(Confidential between school and district staff)

| | |
|--|-----------|
| <input type="checkbox"/> Attendance | Comments: |
| <input type="checkbox"/> Behaviour | |
| <input type="checkbox"/> Other (Please describe in Comments box) | |

TNT Coordinator/Career Counsellor Support

I **DO** / **DO NOT** (check one) recommend that _____
 Applicant

be given consideration for placement into the Health Sciences Academy.

TNT Coordinator/Counsellor Name: _____

Signature: _____ Date: _____

School Support

I **DO** / **DO NOT** (check one) recommend that _____
 Applicant

be given consideration for placement into the Health Sciences Academy.

Principal/Vice Principal Name: _____

Signature: _____ Date: _____