



Greater  
**VICTORIA**  
School District

**Careers & Transitions**

556 Boleskine Road, Victoria, B.C. V8Z 1E8

Tel: (250) 475-4182 Fax: (250) 475-4115

# **TALE Program**

## **Tourism And Leadership Exploration**

*Revised: April 2019*

***Applications Due April 26<sup>th</sup> 2019***



**If you require further information, please talk with your school career coordinator or call Lindsay Johnson, Pathways & Partnerships, at 250-475-4182**

# TALE Program

## PROGRAM & APPLICATION INFORMATION:

### PROGRAM INFORMATION:

**WHO** Grade 10, 11 or 12 students (18 spots available)

**WHAT** SD61 and West Coast Adventure College (WCAC) are working in partnership to deliver a program providing a blend of classroom-based instruction, outdoor activities, skill development, and work experience. During the first four weeks of the program, the program will provide students with the opportunity to develop knowledge and understanding in wilderness first aid, navigation, leadership & communication skills, risk management, trip planning and survival skills. The remaining four weeks of the program will involve students being placed with adventure tourism-related companies located throughout the Victoria area to gain invaluable knowledge of the current industry and secure connections with local employers.

Students will get 8 high school credits:

- ❖ Tourism 12
- ❖ Work Experience 12A

**WHEN** Monday – Friday, 8:30am - 3:30pm

July 2<sup>nd</sup> – August 30<sup>th</sup> 2019: Exact Dates TBD

July 2<sup>nd</sup> - July 30<sup>th</sup> – Classroom and community based Instruction

July 31<sup>st</sup> -August 30<sup>th</sup> – Unpaid Work Experience Placements

**WHERE** Classroom instruction will be taught out of Uplands Campus, with outdoor activities being held within local parks and trails throughout Victoria.

### GETTING STARTED:

- ❖ Students and parents can talk with their school career coordinator/counselor
- ❖ Visit the West Coast Adventure College website: [www.westcoastadventurecollege.com](http://www.westcoastadventurecollege.com)
- ❖ Students are expected to:
  - Attend all classes and be punctual
  - Be respectful of all teachers and staff
  - Attend their entire work experience placement
- ❖ Withdrawal Process: If for any reason the student is unable to finish the program, the teacher and program supervisor must be notified immediately.

### HOW TO APPLY:

- ❖ Obtain an application package from your school career coordinator
- ❖ Return the completed application package to your school career coordinator
- ❖ Students will be accepted based on application, interview, and date of application received
- ❖ Work experience placements will be provided contingent on the student's performance within the first half of the program
- ❖ Where applicants exceed availability, a waitlist may be established.

### APPLICATION SUBMISSION CHECKLIST:

- Completed Application Package (p. 3 – 5)
- Current High School Transcript
- Current Attendance Record

## TALE Program

STUDENT INFORMATION			
<b>LEGAL FIRST NAME</b>	<b>MIDDLE NAME</b>		<b>LEGAL LAST NAME</b>
<b>SCHOOL</b>	<b>GRADE</b>	<b>GENDER</b>	<b>PEN #</b>
<b>HOME ADDRESS (STREET, CITY, PROVINCE, POSTAL CODE)</b>			
<b>HOME PHONE</b>	<b>CELL PHONE</b>		<b>BIRTHDATE (MM/DD/YY)</b>
<b>STUDENT EMAIL ADDRESS</b>		<b>PARENT EMAIL ADDRESS</b>	

RELATED COURSE WORK TAKEN AT SCHOOL		
<b>COURSE:</b>	<b>TEACHER:</b>	<b>FINAL GRADE:</b>
EMPLOYMENT HISTORY (including work experience)		
<b>COMPANY:</b>	<b>SUPERVISOR:</b>	<b>CONTACT INFORMATION:</b>

APPLICANT'S SIGNATURE	
I certify that all statements on this application are true and complete.	
<b>SIGNATURE:</b>	<b>DATE:</b>
PARENT'S/GUARDIAN SIGNATURE(S)	
I grant my son/daughter permission to participate in this program.	
<b>SIGNATURE:</b>	<b>DATE:</b>
I grant permission to staff of Greater Victoria School District 61 to use photographs or video footage of my son/daughter for the purposes of program promotion.	
<b>SIGNATURE:</b>	<b>DATE:</b>
PRINCIPAL'S SIGNATURE:	
I certify that this student is a suitable candidate for this program.	
<b>SIGNATURE:</b>	<b>DATE:</b>

**Please keep a copy of this application in your School Career Center Office.**

**TALE Program**  
**STUDENT SUBMISSION:**

Please write a paragraph outlining why you wish to participate in this program, and what you are hoping to achieve upon completion.

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Visit the West Coast Adventure Tourism website ([www.westcoastadventurecollege.com](http://www.westcoastadventurecollege.com)) and perform a search of 'Adventure Tourism' on YouTube. Describe what you found and what excited you about this growing industry.

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# TALE Program

## Teacher Letter of Recommendation

Secondary Student Name: \_\_\_\_\_

Secondary Teacher Name: \_\_\_\_\_

Teaching Subject(s): \_\_\_\_\_

I am a teacher at \_\_\_\_\_ Secondary School. I have taught or am currently teaching \_\_\_\_\_ (student).

This student is in my \_\_\_\_\_ class and is currently achieving \_\_\_\_\_ (grade). The student is projected to achieve a final grade of \_\_\_\_\_.

### Skills Assessment:

Please rate the student on the following areas as follows:

Excellent – 1      Good – 2      Average – 3      Needs Improvement – 4

Attendance		Punctuality		Work Ethic	
Attitude		Writing Skills		Reading Skills	

Please comment on the student's readiness for this program:

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\_\_\_\_\_  
Teacher Name

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date (MM/DD/YY)



The Link Distributed Learning School  CE Continuing Education **2018-2019**

**NEW STUDENTS Application Form for Grades 10-12 and Adult Learners**

**Student Information**

LEGAL LAST NAME	LEGAL FIRST AND MIDDLE NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
USUAL LAST NAME	USUAL FIRST NAME	HAVE YOU GRADUATED HIGHSCHOOL? <input type="checkbox"/> Yes, Year: _____
PREVIOUS LAST NAME (if applicable)	BIRTHDATE DAY/MONTH/YEAR	Graduated from: (name school, city and province): _____
STUDENT #:	PLACE OF BIRTH (City, Province, Country)	<input type="checkbox"/> No
STUDENT EMAIL ADDRESS	STUDENT PHONE NUMBER	Has student received learning assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have a current Individual Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME ADDRESS		

**Parent/Guardian Information**

LAST NAME:	FIRST NAME:
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER, specify:	
HOME ADDRESS <input type="checkbox"/> LIVING WITH STUDENT (Same as above)	
PHONE NUMBER:	
PLACE OF EMPLOYMENT:	
BUSINESS PHONE:	
EMAIL ADDRESS:	

LAST NAME:	FIRST NAME:
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER, specify:	
HOME ADDRESS <input type="checkbox"/> LIVING WITH STUDENT (Same as above)	
PHONE NUMBER:	
PLACE OF EMPLOYMENT:	
BUSINESS PHONE:	
EMAIL ADDRESS:	

**(\*\*Please attach a copy of these documents with this registration form\*\*)**

**Identification**

**\*Canadian birth certificate, passport or permanent residency card**

**Proof of Residency**

**\*BC driver's license or utility bill account**



### Emergency Contact

(Custodial parents will always be contacted first)

LAST NAME:	FIRST NAME:
RELATIONSHIP TO STUDENT:	
HOME ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	
Can this person pick up the student?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

### Medical Information

STUDENT CARE CARD NUMBER:
FAMILY DOCTOR: PHONE:
<p><b>LIFE THREATENING HEALTH CONDITION</b>            If the student has a life-threatening health condition, please arrange to meet with the school principal prior to the student attending school.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anaphylactic or severe allergies to food or insect stings</li> <li><input type="checkbox"/> Asthma that has resulted in hospitalization in the past year</li> <li><input type="checkbox"/> Blood clotting disorder (e.g. hemophilia)</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years</li> <li><input type="checkbox"/> Serious heart condition (e.g. heart murmur, heart repair)</li> <li><input type="checkbox"/> Other – please specify: _____</li> </ul>

### Course Enrolment: Grades 10-12 and Adult Learners

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

Grade 11 (Extra credit course(s)/programs for transition pathway)		Grade 12 (Extra credit course(s)/programs for transition pathway)	
COURSE(S)	COURSE CODE	COURSE(S)	COURSE CODE

I certify that the information I have provided on this form is correct:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_