



SCHOOL DISTRICT NO. 73
(Kamloops - Thompson)

Health Sciences Academy

Student Application



Trades and Transitions
SCHOOL DISTRICT NO. 73
Career Development

Application Due to TNT Coordinator – December 12, 2025

(Please print legibly in blue or black ink.)

Date: _____

Current Grade: _____ T-shirt size: XS S M L XL XXL

Legal Name: _____
Legal First Middle Legal Last

Preferred Name(s): _____

Address: _____

City: _____ Postal Code: _____

PO Box: _____

Home Phone: _____

Parent/Guardian Cell: _____

Parent/Guardian Email: _____

Student Cell: _____

Student PEN:

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9 digit number

Personal

Student Email: _____

Home School: _____

*** TRU will register student using their personal email address (not SD73 gedu email or parent email address).**

TNT Coordinator: _____

Student Signature

TNT Coordinator Signature

My child's demographic, medical, and permission status information has been updated with their home school in MyEd.	Yes / No (circle one)
I authorize SD73 to share my child's learning, medical, and permission status information with TRU.	Yes / No (circle one)
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)
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;"><i>Parent/Guardian Name (please print)</i></div> <div style="width: 45%; border-top: 1px solid black; text-align: center;"><i>Parent/Guardian Signature</i></div> </div>	

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 **December 12, 2025**, to your TNT Coordinator.

All items below are required:		Page(s)	Completed & Attached
1	Student Application Form	1	<input type="checkbox"/>
2	Application Checklist – this page	2	<input type="checkbox"/>
3	Program fee of \$400 to be included with this application – see below	2	<input type="checkbox"/>
4	Consent for TRU to Release Personal Information Form (Third Party)	3	<input type="checkbox"/>
5	Health Sciences Academy – Description	4	
6	Health Sciences Academy – Parent Statement Form	5	<input type="checkbox"/>
7	Health Sciences Academy – Student Statement Form	6	<input type="checkbox"/>
8	Health Sciences Academy – Research Activity	7	<input type="checkbox"/>
9	Health Sciences Academy – Applicant Evaluation #1 – Teacher	8	<input type="checkbox"/>
10	Health Sciences Academy – Applicant Evaluation #2 – Employer or Community Member	9	<input type="checkbox"/>
11	Student Education / Transition Plan	10	<input type="checkbox"/>
12	TNT Statement of Recommendation	11	<input type="checkbox"/>
13	Health Sciences Academy – Interview Notes	12-13	<input type="checkbox"/>
14	Health Sciences Academy – Applicant Profile	14	<input type="checkbox"/>
15	Secondary Transcript, Attendance, and Conduct Reports <i>(TNT to obtain from admin/counselling)</i>		<input type="checkbox"/>

SUBMIT PAYMENT WITH APPLICATION. I am paying the \$400 program fee using the following method:

Visa/Mastercard

(Phone Angela Pinette, Administrative Assistant, at 778-471-6061, ext 211, or pay in person at the School Board Office)

Cash

(Attach to this form and deliver in person to school-based TNT Coordinator)

Debit Card

(In person at the School Board Office)

Cheque

(Payable to SD73 and attached to this form)

Invoice an organization *(ex. Band, MCFD, etc.)*

(Contact Angela Pinette, Administrative Assistant, SD73 Career Development Department, at 778-471-6061, ext 211, to make arrangements)

Parent/Guardian's Signature

Date

For School District Use Only	Date:	Amt Rec'd:	Method:	Initials:
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SCHOOL DISTRICT NO. 73
(Kamloops-Thompson)

Health Sciences Academy Description



Career Development

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, PSYC 1210 (TRU course), 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 30 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

TRU START

Consent to Release Personal Information Form (Third Party)



Enrolment Services
Old Main
805 TRU Way
Kamloops, BC, Canada V2C 0C8
tru.ca
Campus students: records@tru.ca
Open Learning students: student@tru.ca

Thompson Rivers University (TRU) collects, uses, and discloses personal information in accordance with the BC *Freedom of Information and Protection of Privacy Act (FIPPA)*. Pursuant to s.33(2)(c) of FIPPA, TRU is seeking your written consent to disclose personal information to a third party. This form will be kept on file in compliance to TRU's Records Retention Policy. Questions about this consent may be directed to the Privacy and Access Officer at privacy@tru.ca or 250-828-5012.

STUDENT PROVIDING CONSENT (PRINT CLEARLY)

SURNAME (legal)	
FIRST NAME (legal)	FULL MIDDLE NAME(S) (legal)

TRU STUDENT NUMBER

DATE OF BIRTH (yyyy/mm/dd)									

THIRD PARTY PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal), FIRST NAME or AGENCY (parent/guardian)
ADDRESS

PHONE
EMAIL (optional)

I CONSENT TO THOMPSON RIVERS UNIVERSITY DISCLOSING THE FOLLOWING PERSONAL INFORMATION ABOUT ME TO THE THIRD PARTY IDENTIFIED ABOVE, FOR THE PURPOSES SET OUT ON THIS FORM.

STUDENT INFORMATION

- Academic status
- Convocation information
- Enrolment status information
- Grades
- Registration information (including current registration status)
- Special needs documentation/Disability accommodations
- Student account balance
- Student awards, scholarships, and bursaries
- Government student loan & grant information
- Tuition and fees assessment
- Other (specify) _____

PURPOSE(S) FOR DISCLOSURE

- To allow the above named third party to support me in my studies at TRU.
- To verify my enrolment with TRU.
- Other (specify) _____

DURATION

This waiver will be valid for the following period:

From: Date (yyyy/mm/dd) 2025/10/15
To: Date (yyyy/mm/dd) 2027/08/30

STUDENT TRANSACTIONS

- Add/drop courses
- Pay fees
- Order transcripts, confirmation of enrolment letters, signed scholarship/RESP forms
- Other (specify) _____

SIGNATURE

My consent is effective as of the date of signing (indicated below). I have read the above, understand it, and agree to it.

Your signature indicates that the information contained herein is accurate to the best of your knowledge. TRU considers a falsified consent form as fraud.

STUDENT SIGNATURE	DATE (yyyy/mm/dd)

This form will be kept on file in compliance with TRU's Records Retention Policy.
Completed form can be emailed to records@tru.ca, or delivered in person or by mail to the address above.



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 at time application is submitted
Initial

____ Will complete 30 hours of work experience offsite
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: _____

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

1. Describe the career you are interested in and why.

2. Explain how your interest in this career developed. Discuss any experiences that have influenced your decision.

3. What are some of the jobs/tasks you would do in 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?

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)

- Community Member or
- Employer – Place of Employment: _____



Student Education / Transition Plan

(To be completed yearly by TNT Coordinator and Student)



Student Name: _____ Current Student Grade: _____

Home School: _____ Career Program: _____

Dates of Program: _____ Location of Program: _____

To graduate, student requires at least 80 credits

Student has a plan in place to meet Grad Requirements

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 course codes for program, not course name**

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"/> 4 Credits Career Life Connections 12
<input type="checkbox"/> 20 Credits of other electives (10,11, or 12)
<input type="checkbox"/> 4 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



TNT Statement of Recommendation

(To be completed by TNT Coordinator)



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 = _____



SCHOOL DISTRICT NO. 73
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Health Sciences Academy - Interview Notes

(To be completed by TNT Coordinator)



Career Development

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.
<i>{% average of the 8 courses / 100 x 10, round to 2 decimal places}</i> 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 at Brocklehurst Secondary.

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 at Brocklehurst Secondary.

Principal/Vice Principal Name: _____

Signature: _____ Date: _____