**Community Integration through Co-operative Education (CICE)**

**2-year Ontario College Certificate, 2024-2025**

CICE Application

Program Start Date:Fall 2024

Thank you for your interest in St. Lawrence College’s Community Integration through Co-operative Education (CICE) program. CICE provides students with an opportunity to enhance academic skills, develop vocational abilities, and experience college life.

Please complete the following form and email it to the campus you are interested in applying to by February 1st, 2024, for equal consideration.

**Email to:**

[**BrockvilleCICE@sl.on.ca**](mailto:CICEBrockville@sl.on.ca)[**CornwallCICE@sl.on.ca**](mailto:CICECornwall@sl.on.ca)[**KingstonCICE@sl.on.ca**](mailto:CICEKingston@sl.on.ca)

**PLEASE NOTE:**

1. As an applicant to the program, you are required to attend a **Program Information Session** where you will learn more about the program and have an opportunity to ask questions. Information session dates and times are posted on the College website according to campus location.
2. If you meet initial eligibility requirements, based on documents submitted, you will then be contacted by the Program Liaison to schedule an intake meeting that includes an eligibility screening (interview and skills assessment).

**Applicant Information – Fall 2024**

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

**Applicant Name: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ (month/day/year)

**OCAS #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SLC** **Student #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Find this number on your online application.) (Found in emails sent from the College.)

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Province**: \_\_\_\_\_\_\_\_\_ **Postal Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of secondary school attended**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Achievement in Secondary School:

OSSD OSSC Certificate of Accomplishment

Other – please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of college attended (if applicable): \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest level completed at college (if applicable):

One or more courses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year completed: \_\_\_\_\_\_\_\_\_

Certificate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year completed: \_\_\_\_\_\_\_\_\_

Diploma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year completed: \_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year completed: \_\_\_\_\_\_\_\_\_

# Applying to attend the CICE program at:

Brockville Campus (B0790)  Cornwall Campus (C0790)  Kingston Campus (K0790)

# List your interests/hobbies/recreational activities/clubs:

**Personal Goals Questionnaire**

Please answer the following questions.

1. You are applying to a modified academic program for students with learning challenges. Explain how this modified program would benefit you (e.g., support attending academic courses, experiencing college life, gaining work experience, etc.).
2. How will the CICE program help you with your learning in your academic courses? Explain what types of supports you would benefit from in this program (e.g., reading support, assistance from a Learning Specialist, etc.).
3. Learning new content in academic classes is a large focus of the program but not the only one. What other college experiences are you looking forward to (e.g., making new friends, joining clubs, developing employability skills, etc.)?
4. What experiences have you had in work (volunteer or paid), and what are some of your goals for work in the future?

# References (Two references are preferred)

* **Confidential Reference #1**

We highly recommend that staff members from your former high school be used (teacher, guidance counsellor, principal, resource teacher, team coach, educational assistant, etc.). Individuals who have extensive knowledge about you in an academic setting. If you are applying as a mature student, the following people would be suitable references: a community support worker, an employer, a coach, etc. **Your confidential references will be contacted directly by a CICE staff member. (Family members and friends cannot provide a reference.)**

Name of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Confidential Reference #2**

Name of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact your campus Program Liaison if you have any questions:

Brockville Campus: Jodie Macquisten 613-345-0660, ext. 1876 - [jmacquisten@sl.on.ca](mailto:jmacquisten@sl.on.ca)

Cornwall Campus: Cindy Adams 613-933-0680, ext. 2107 - [cadams@sl.on.ca](mailto:cadams@sl.on.ca)

Kingston Campus: Alison Dikland 613-544-5400, ext. 1958 - [adikland@sl.on.ca](mailto:adikland@sl.on.ca)

**Consent for Release of Information**

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Student # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print your name here)

consent to the sharing of personal information to help with the application process and potential enrollment in the CICE program if I am accepted in the program. This information could be shared between CICE program staff and:

¨Parents/Guardians:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¨ Community Support Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Person(s):   
 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

¨ OSAP Financial Officers – for assistance with the OSAP application process.

¨ Student Wellness and Accessibility – to arrange general accommodations and help with adaptive   
 technology requirements.

I understand that this consent to share information will start when I submit my application and will end when I graduate or withdraw from the CICE program at St. Lawrence College (if I am accepted in the CICE program). I understand that this information will not be given to any other person or department other than those listed above, and where confidentiality is limited by law. I understand that I can remove this consent at any time by speaking to the CICE Program Liaison who will have me sign a form. The Program Liaison will then ensure no further information sharing occurs.

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

(Please print)

Student Signs Here

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

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

(Please print)

Get someone you know to sign here

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