

Community Integration through Co-operative Education (CICE)
2-year Ontario College Certificate, 2023-2025
CICE Application

Program Start Date: Fall 2023

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 experience college life, to enhance academic skills, and to develop vocational abilities.

Please complete the following form and email it to the campus you are interested in applying to by February 1st, 2023, for equal consideration.

Email to:

BrockvilleCICE@sl.on.ca CornwallCICE@sl.on.ca KingstonCICE@sl.on.ca

Note: 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.



Community Integration through Co-operative Education (CICE)

Applicant Information – Fall 2023

Date: _____

Applicant Name: _____

Date of Birth: ____/____/____
(month/day/year)

OCAS #: _____

(Find this number on your online application.)

SLC Student #: _____

(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: _____



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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)



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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 or vocational 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 cannot provide a reference.)**

Name of Reference: _____

Relationship to Applicant: _____

Phone: _____ Email: _____

- **Confidential Reference #2**

Name of Reference: _____

Relationship to Applicant: _____

Phone: _____ Email: _____



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

Brockville Campus:	Jodie Macquisten	613-345-0660, ext. 1876 - jmacquisten@sl.on.ca
Cornwall Campus:	Cindy Adams	613-933-0680, ext. 2107 - cadams@sl.on.ca
Kingston Campus:	Alison Dikland	613-544-5400, ext. 1958 - adikland@sl.on.ca



Community Integration through Co-operative Education (CICE)

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. This information could be shared between CICE program staff and:

Parents/Guardians: Name: _____ Email: _____

Name: _____ Email: _____

Community Support Person(s): Name: _____ Email: _____

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. 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 Signature: _____



Witness Name: _____
(Please print)

Witness Signature: _____

