

## Community Integration through Co-operative Education (CICE) 2-year Ontario College Certificate, 2022-2024 Application Package

**Program Start Date:** Fall 2022

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.

After reviewing the admissions requirements carefully, please complete the following steps to apply to the CICE program at St. Lawrence College:

1. Fill out an **Ontario College Application Service (OCAS) application** online at [Ontariocolleges.ca](https://www.ontariocolleges.ca) website by **February 1<sup>st</sup>**. (Please note there is a \$95.00 non-refundable fee to apply)
2. Complete the **CICE Application Package** and email the required documents by **February 15<sup>th</sup>**.

✉ **Email to:** [CICE@sl.on.ca](mailto:CICE@sl.on.ca)

3. Provide the attached **Confidential Reference Questionnaire** portion of the application package, to a teacher, counselor, employer, caseworker or other non-family member who has extensive knowledge of your performance in an academic or vocational setting. This person must complete the form in confidence and email directly to [CICE@sl.on.ca](mailto:CICE@sl.on.ca) by **February 15<sup>th</sup>** as per the instructions on the form.

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. As part of the application process, once we have received your completed package, you will be contacted for a **personal interview**.

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

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



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

### Program Application Checklist – Fall 2022

#### Checklist of Required Attachments:

Please complete and submit the following materials to [CICE@sl.on.ca](mailto:CICE@sl.on.ca). Be sure to indicate your campus of choice on page 3 below.

#### To be submitted by the Applicant:

1.  **Applicant Information** form (page 3)
2.  **Applicant Experience** form (pages 4-6)
3.  **Personal Goals Questionnaire** (page 7). Answer each question in your own words. You may ask a support person to scribe your answers.
4.  A photocopy of your High School **Individual Education Plan (IEP)**
5.  A photocopy of your High School **Transcript** (marks)
6.  A photocopy of your most recent **Psycho-educational Assessment**
7.  The **Consent to Share Information** (page 8)

#### To be submitted by the Confidential Reference:

8.  **Confidential Reference Questionnaire** (pages 9-19).  
Provide the Confidential Reference Questionnaire to a teacher, counselor, employer, case worker, or to another person (who is not a member of your family) who has extensive knowledge about your performance in a school or work setting. This person needs to complete and email the form to [CICE@sl.on.ca](mailto:CICE@sl.on.ca) by **February 15<sup>th</sup>**.



# Community Integration through Co-operative Education (CICE)

## Applicant Information – Fall 2022

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

Applicant Name: \_\_\_\_\_

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

OCAS #: \_\_\_\_\_  
(Find this number on your online application.)

SLC Student #: \_\_\_\_\_  
(Found on emails from the College.)

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

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### I am applying to attend the CICE program at:

Brockville Campus (B0790)

Cornwall Campus (C0790)

Kingston Campus (K0790)

### St. Lawrence College CICE Area(s) of Interest

For example: Business, Carpentry, Child and Youth Care, Fitness and Health Promotion, etc.

Please refer to the College website to view all CICE areas of interest: [Brockville](#) [Cornwall](#) [Kingston](#)

Choice #1: \_\_\_\_\_

Choice #2: \_\_\_\_\_

Choice #3: \_\_\_\_\_



# Community Integration through Co-operative Education (CICE)

## Applicant Experience – Page 1 of 3

**Applicant Name:** \_\_\_\_\_

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

Level of Achievement in Secondary School:

- OSSD       OSSC       Certificate of Accomplishment
- Other – please describe: \_\_\_\_\_

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

Highest level completed at college (if applicable):

- One or more courses \_\_\_\_\_ Year completed: \_\_\_\_\_
- Certificate \_\_\_\_\_ Year completed: \_\_\_\_\_
- Diploma \_\_\_\_\_ Year completed: \_\_\_\_\_
- Other \_\_\_\_\_ Year completed: \_\_\_\_\_



# Community Integration through Co-operative Education (CICE)

## Applicant Experience – Page 2 of 3

Please provide a minimum of **three** experiences related to work, volunteering, co-op, or placement.

### Experience #1

Period covered from \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_

Volunteer or  Paid

Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties Performed/Skills Acquired:

### Experience #2

Period covered from \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_

Volunteer or  Paid

Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties Performed/Skills Acquired:

### Experience #3

Period covered from \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_

Volunteer or  Paid

Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Duties Performed/Skills Acquired:

## Applicant Experience – Page 3 of 3

List your interests/hobbies/recreational activities/clubs:

### References (Two references are preferred)

- **Confidential Reference #1**

This person should be a teacher, counsellor, employer, case worker or another person, (not a member of your family or close personal friend) who has extensive knowledge about you, preferably in an academic or vocational setting. This individual will fill out the attached **Confidential Reference Questionnaire** form and will email it independently to [CICE@sl.on.ca](mailto:CICE@sl.on.ca) by February 15<sup>th</sup>.

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

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

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

- **Confidential Reference #2**

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

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

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





# 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 take away 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: \_\_\_\_\_

