

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 <u>Ontariocolleges.ca</u> website by **February 1**st . (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 15th.
 - Temail to: 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** by **February 15**th 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 - 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



Program Application Checklist – Fall 2022

Checklist o	f Required Attachments:
	plete and submit the following materials to CICE@sl.on.ca . Be sure to indicate your choice on page 3 below.
To be subm	itted by the Applicant.
1. □	itted by the Applicant: 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 subm	itted 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 by February

15th .



Applicant Information – Fall 2022

Date:	
Applicant Name:	
OCAS #:(Find this number on your online app	SLC Student #: (Found on emails from the College.)
(Find this number on your online app	lication.) (Found on emails from the College.)
Address:	
	Province: Postal Code:
Email:	
Home Phone:	Cell Phone:
I am applying to attend the CICE prog	gram at:
☐ Brockville Campus (B0790) ☐	☐ Cornwall Campus (C0790) ☐ Kingston Campus (K0790)
St. Lawrence College CICE Area(s) of	Interest
	Youth Care, Fitness and Health Promotion, etc. CICE areas of interest: <u>Brockville</u> <u>Cornwall</u> <u>Kingston</u>
Choice #1:	
Choice #2:	
Choice #3:	

In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31, this is to advise you that the personal information on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and or disclosed for administrative, statistical and or research purposes of the College and or the ministries and agencies of the Government of Ontario and the Government of Canada, including, but not limited to, tabulating and reporting data on Key Performance Indicators (graduate rate, graduate employment, graduate satisfaction and employer satisfaction). If you have any questions about the collection, and use and disclosure of your personal information by the College please contact: Privacyoffice@sl.on.ca Mailing address: St. Lawrence College, 100 Portsmouth Avenue, Kingston, ON K7L 5A6 Page 3 of 8



Applicant Experience - Page 1 of 3

Applicant Name:				
Name of seconda Level of Achieven		ded: ry School:		
□ ossd	□ ossc	☐ Certificate of Accomplishment		
□ Other-	– please describ	e:		
Name of college ((if applicable):			
Highest level com				
☐ One or	more courses _		Year completed:	
☐ Certific	cate		Year completed:	
☐ Diplom	na		Year completed:	
☐ Other			Year completed:	



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:	<u>-</u>	Supervisor:	
Duties Performed/Skills Acquired:			
Functions #2			
Experience #2			
Period covered from	to		
Position:		☐ Volunteer or	☐ Paid
Company:		Supervisor:	
Duties Performed/Skills Acquired:			
F			
Experience #3			
Period covered from	to		
Position:		☐ Volunteer or	☐ Paid
Company:		Supervisor:	
Duties Performed/Skills Acquired:			



Applicant Experience – Page 3 of 3

List yo	our interests/hobbies/recreational activities/clubs:	
Refere	ences (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 or close personal friend) who has extensive knowledge about you, preferably in an academic or vocational strictly individual will fill out the attached Confidential Reference Questionnaire form and will email it independs to CICE@sl.on.ca by February 15 th .	setting.
1	Name of Reference:	
ı	Relationship to Applicant:	
ſ	Phone: Email:	
• (Confidential Reference #2	
ſ	Name of Reference:	
ſ	Relationship to Applicant:	

Phone: _____ Email: _____



Personal Goals Questionnaire

Please answer the following questions in at least 2 full sentences each. These questions must be answered by the ur tim

	rson applying to the program, in their own words. The following answers will be scored . Please take your owrite your answers.
1.	You are applying to a modified academic program for students with learning challenges. Why is CICE the best choice for you? Explain how this modified program would benefit you (e.g. experiencing college life, gaining work experience, etc.).
2.	Summarize a few of your learning strengths and challenges. How will the CICE program help you with your learning (academics)? Explain what types of supports you would benefit from in this program (e.g. reading support, assistance from a Learning Specialist, etc.).
3.	Learning is only one part of coming to college. What other parts of the college experience are you looking forward to (e.g. make new friends, join clubs, etc.)?



Consent for Release of Information

Date:	_		
1		Student #	
consent to the sharing of persona	l information to help v	, Student # with the application process and potentials are staff and the s	
the CICE program. This information	on could be shared bet	ween CICE program staff and:	
☐ Parents/Guardians:	Name:	Email:	
	Name:	Email:	
☐ Community Support Person(s):	Name:	Email:	
`,	Name:	Email:	
I understand that this consent to graduate or withdraw from the CI be given to any other person or o by law. I understand that I can ta	technolo share information will CE program at St. Lawr department other than ke away this consent a	ge general accommodations and helegy requirements. I start when I submit my application rence College. I understand that this is those listed above, and where constany time by speaking to the CICE ensure no further information share	n and will end when is information will no nfidentiality is limited Program Liaison who
Student Name:	(plea	se print)	
Student Signature:			Student Signs Here
Witness Name:			•
	(plea	ise print)	1
Witness Signature:			Get someone you know to sign here

In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31, this is to advise you that the personal information on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and or disclosed for administrative, statistical and or research purposes of the College and or the ministries and agencies of the Government of Ontario and the Government of Canada, including, but not limited to, tabulating and reporting data on Key Performance Indicators (graduate rate, graduate employment, graduate satisfaction and employer satisfaction). If you have any questions about the collection, and use and disclosure of your personal information by the College please contact: Privacyoffice@sl.on.ca Mailing address: St. Lawrence College, 100 Portsmouth Avenue, Kingston, ON K7L 5A6

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