



PLAR for Mature Students

Senior Equivalent Credits Application

Mature students who are working under OSS diploma requirements are eligible to apply for Grade 11 and 12 senior equivalent credits. In order to be granted senior equivalent credits under PLAR, students must demonstrate that their prior learning relates directly to a majority of the expectations from the course being considered for equivalency.

It is important that students attempt to provide all of the information requested below so that the school may verify the experience. Equivalent credits will not be granted for those prior learning experiences that have not been fully documented. For information relating to credits please see www.edu.gov.on.ca

Please use additional paper if necessary.

A) Please **check all** that apply.

Languages	English	Oji-Cree	Ojibway	Cree	Other
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you check "Other", please specify the language. _____

B) **Hobbies** - Describe any hobbies that you have. In particular, you should emphasize the skills and knowledge that you have developed as a result of your experience with this hobby. How long have you been involved with this hobby?

1) Name of Hobby: _____

How long have you been involved with this hobby? _____

Emphasize the skills and knowledge that you have developed as a result of your experience with this hobby. (What did you learn?)

2) Name of Hobby: _____

How long have you been involved with this hobby? _____

Emphasize the skills and knowledge that you have developed as a result of your experience with this hobby. (What did you learn?)

C) **Leadership Opportunities**- Some people have had leadership opportunities in the workplace, through athletics, or in various clubs and organizations. Describe in detail any such (or other) leadership opportunities that you have had. What knowledge and skills did you acquire as a result of these opportunities?

Name of Leadership activity: _____
(For example, coach, captain, leader, crew supervisor, etc.)

Date: _____

What knowledge and skills did you acquire as a result of these opportunities?

D) **Volunteer Work**- Provide details of any community service or volunteer work with which you have been involved. **Be sure to include the name of the organization and a detailed description of your duties and the knowledge and skills required to perform the work.** Also indicate when you did the volunteer work and for how long. Use more paper if needed. **The contact number/person must be available for verification.**

(Please note that community service completed to fulfill a criminal sentencing requirement does not count. Also community involvement hours completed as a high school student toward diploma requirements do not count.)

Name of Activity	Contact # Person	Date	Hours Worked	Description of Activities/New Learning – Be Specific, clear, detailed.
Cooking at a community feast	Harvey Jones 807-469-3215 Band Counsellor	June 14, 2014	From: 9:00am To: 2:00pm Total: 5 hours	I was responsible for preparing, cooking, and serving at the community feast. I had to buy the right amount of food to feed 100+ people. As one of the cooks, I had to make sure food was kept at the right temperature to prevent spoilage.

Volunteer Work Details

Name of Activity	Contact # Person	Date	Hours Worked	Description of Activities/New Learning – Be Specific, clear, detailed.
			From: _____ To: _____ Total: _____	
			From: _____ To: _____ Total: _____	
			From: _____ To: _____ Total: _____	

E) **Fitness Activities-** Provide a detailed description of any fitness activities with which you have been involved and for what period of time. You may wish to include copies of certificates etc. that will verify and demonstrate your prior learning in the fitness area.

1) Name of Fitness Activity: _____

How long have you been involved with this hobby? _____

Emphasize the skills and knowledge that you have developed as a result of your experience with this hobby. (What did you learn?)

F) **Entrepreneurial Activities-** Describe the knowledge and skills that you developed through any entrepreneurial activities with which you have been involved. For instance, you may include such entrepreneurial activities as selling Avon or Regal. You must give a detailed description of the activity and when you did it.

Name of entrepreneurial activity: _____

(For example, selling Avon products, Regal, coffee shop business, hair stylist, auction crafts, etc.)

What knowledge and skills did you acquire as a result of these opportunities?

How long have you been involved with this business venture? _____

G) **Participation in clubs-** Describe any experience you have had as a member of a club or clubs. Describe the knowledge and skills you developed as a result of your involvement with this club or clubs. Be sure to provide the name of the club and how long you were a member.

1) Name of the club: _____

How long have you been involved with this club? _____

Emphasize the skills and knowledge that you have developed as a result of your experience with this club. (What did you learn?)

H) **Employment History-** Please answer the questions below regarding any paid employment that you have had.

Please attach a separate page(s) if you have had more than three previous employers, as there is only space on this application for three. You must follow the same format when reporting these additional jobs.

NOTE: You must provide the name and telephone of the contact person for verification purposes.

Work Experience #1

Name of Employer:

Address and telephone #:

Your Job Title:

Name of Supervisor:

Duties and responsibilities (indicate the knowledge and skills required to do the work):

Language(s) used in the course of work duties:

Work Experience #2

Name of Employer:

Address and telephone #:

Your Job Title:

Name of Supervisor:

Duties and responsibilities (indicate the knowledge and skills required to do the work):

Language(s) used in the course of work duties:

Work Experience #3

Name of Employer:

Address and telephone #:

Your Job Title:

Name of Supervisor:

Duties and responsibilities (indicate the knowledge and skills required to do the work):

Language(s) used in the course of work duties:

D) Formal Training Courses/ Education

You must include copies of certificates and/or transcripts from the program. You may be asked to provide letters of verification and/or a course outline to support your claim of prior learning. If you have more than two courses or educational experiences to report, please attach another sheet(s). You must follow the same format when reporting these additional courses or educational experiences.

Formal Training Courses/ Education Experience #1

Name of Institution/Trainer:

Name of course or program:

Name of Instructor(s):

Training period: (eg January, 1994-March 8, 1994 every Tuesday and Thursday from 7-10 pm)

Main skills and knowledge required to complete/pass the course (you may wish to attach a course outline or an additional page if you require additional space):

Formal Training Courses/ Education Experience #2

Name of Institution/Training Deliverer:

Name of course or program:

Name of Instructor(s):

Training period: (eg January, 1994-March 8, 1994 every Tuesday and Thursday from 7-10 pm)

Main skills and knowledge required to complete/pass the course (you may wish to attach a course outline or an additional page if you require additional space):

J) **Other prior learning experience/special abilities** – Describe any other prior learning experience or special abilities in this space that you were unable to include in any of the categories above. For example, are you or have you been a primary caregiver (parent, foster parent, caregiver to aging parent[s]), were you a member of the 3rd Canadian Ranger Patrol Group, did you obtain a driver’s license? Describe the prior learning that you have as a result of this experience.

Complete this section if you are a parent/caregiver.

How many children do you have? _____. How old are the children? _____

Check all that applies to you as a parent/caregiver. Follow the format as shown for completing item J.

Driving <input type="checkbox"/>	Home Repairs <input type="checkbox"/>	Budgeting <input type="checkbox"/>
Day Care/Child Care <input type="checkbox"/>	Cleaning <input type="checkbox"/>	Cooking/Meal Preparation <input type="checkbox"/>
Sewing/Beading <input type="checkbox"/>	Arranging birthday parties <input type="checkbox"/>	Pet owner <input type="checkbox"/>
Scheduling <input type="checkbox"/>	Giving advice <input type="checkbox"/>	Elder Care <input type="checkbox"/>
Conflict resolution <input type="checkbox"/>	Listening <input type="checkbox"/>	*Other <input type="checkbox"/> Explain below

* _____

Responsibilities as a parent/caregiver:

Knowledge and Skills Learned as a parent/caregiver:

Other prior learning experience/special abilities: _____

Responsibilities:

Knowledge and Skills Learned:

K) **Resume** - You will be required to submit a **resume** with the following information:

- Objective
- Education
- Work Experience
- Skills
- Interests

- References

Kristy Wonder
59 Optimistic Drive
Spruce Island, ON P7E 5H7
Tel. (807) 690-9243
Email: kristyw@knet.ca

OBJECTIVE

To apply my skills in a community-based organization committed to the well-being of young people.

EDUCATION

Ontario Secondary School Diploma, Spruce Island Distance Education Centre, 2010

- First Aid / CPR Training, St. John Ambulance, 2009

WORK EXPERIENCE

June - Aug., 2009 Youth Counsellor Camp North , Spruce Island, ON
- directed recreational activities and counselling

Jan. - May, 2009 Receptionist Women's Crisis Centre, Spruce Island
- greeted clients, supported staff, answered telephones, managed computer database.

SKILLS

leadership organization
word processing Oji-Cree language

INTERESTS spending time with young people, reading, fishing

REFERENCES Available on request

Student Name: _____ Date of Birth: _____

Date of Application: _____ Gender: _____

Applicant Declaration

I wish to have my education and/or training credentials and related documentation assessed through the PLAR equivalency process. I believe that my credentials and related documentation provide evidence of my prior learning and demonstrate that I have met the curriculum expectations for each of the following courses in the Ontario curriculum: (If you wish to have your credentials and related documentation considered for all senior courses, simply check the box below.)

- I wish to have my credentials and related documentation considered for all possible senior equivalent courses. I am aware that my credentials and documentation will be evaluated against the expectations outlined in the appropriate curriculum policy document(s). I am also aware that a maximum of 10 credits may be granted through the challenge and equivalency processes (combined) for courses in Grades 11 and 12.

I am submitting the following credentials and documentation for assessment through the equivalency process: (Check box to indicate document(s) being submitted)

- transcript(s) from postsecondary education institution(s) (e.g., colleges, universities; or other similar institutions)
- transcript(s) from secondary schools/boards
- credential(s) from education and/or training program (e.g., apprenticeship certificate)
- documentation from employer(s) (past or current), giving details of knowledge and skills required to perform work-related tasks
- documentation from supervisor in a volunteer work setting, giving details of knowledge and skills required to perform assigned tasks

PLEASE Check the following:

- I have reviewed the application.
 - I used NA (not applicable) to indicate the sections that **do not** apply to me.
- (Note: Leaving sections blank will delay the processing of your assessment)

I hereby give permission to *Wahsa Distance Education Centre* to contact any of the persons and/or institutions, employers, or organizations that I have identified as able to verify my experience. I understand that I may revoke this permission in writing at a later date.

Student Name: _____

(Please print clearly)

Student Signature: _____ Date: _____

Principal/Designate Signature: _____ Date: _____