



Application

Health Career Experiential Learning Activities for Grades 8-10, 2024-25

Ministry of Education and Child Care

Please complete this application, save it as a PDF, and email it to educ.skills@gov.bc.ca by 4:00 PM on November 1, 2024.

Please title your application's PDF file and the subject line of your email using the following naming convention:

- for individual school districts (or partnership leads): SD#_SD Name_Health Career Experiential Learning_2024-25
- for groups of independent schools (lead school only): Independent School Name_Health Career Experiential Learning_2024-25

Section 1 – Applicant Type

- School district
- Group of independent schools
- Partnership of school district(s) and independent schools

Section 2 – Contact Information

Please fill in the table below with the lead contact's information.

LEAD CONTACT'S INFORMATION		
Name and # of school district / Name of independent school		
Primary Contact Person	Name	
	Job Title/Position	
	Email Address	
	Phone Number	

If you are applying as a partnership or group of independent schools, please list the partnering school districts/ independent schools in the table below.

	Name of partnering school district(s)/ independent schools
Partner #1	
Partner #2	
Partner #3	
Partner #4	
Partner #5	
Partner #6	

If you are applying as a partnership or as a group of independent schools, please describe the benefits of the collaborative model you envision, how it will function for the purposes of this initiative, and the roles and responsibilities of each partner (250-word max).

(If you are applying as an individual school district, you may omit this section from your application and proceed to Section 3.)

Please provide a short statement (1-2 sentences) confirming that all partners are aware of this application, their role in it, and are willing to participate in this initiative.

Section 3 – Proposed Activities

Describe the **interactive, experiential learning** activity(ies) you propose to develop and deliver in the 2024-25 school year, and explain how they align with the objectives outlined in the EOI. *(e.g., virtual and/or in-person, occupations, relevant activities)*. (500-word max)

Describe how your activity(ies) would be inclusive of students in rural and remote communities through virtual and/or in-person opportunities. (250-word max)

Describe how your activity(ies) would support students who typically face barriers to accessing educational opportunities. (250-word max)

Describe how your activity(ies) could ladder into other existing or future learning opportunities, programs, or resources. (250-words max)

Section 4 – Funding Request

Please indicate your funding request for the health sector activity(ies) you would like to complete (\$10,000-\$50,000).

How many activities are you planning to complete with this funding?

Please provide a preliminary budget with a rationale for each item. The items listed below are examples and may be revised as necessary.

Anticipated Expenses		
Item	Rationale	Estimate
Staff time		\$
Transportation of students		\$
Travel for health care professionals		\$
Accommodation for health care professionals		\$
Honoraria		\$
Other:		\$
		\$
		\$
		\$
		\$
		\$
Total		\$