



**Cooperative Education/Student Transition to Employment Program Application**

Please **print legibly** in blue or black ink.

**A. STUDENT INFORMATION (please complete all sections)**

Name:	Date of Birth: (mm/dd/yy) / /	Current Grade:
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Home Phone:	Cell Phone:
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Address: (street, city, postal code)

Email Address:	Parent/Guardian Email Address:
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I currently live with: both parents  mother  father  guardian  other

Do you have a Social Insurance Number (SIN)? yes  no

**B. PLACEMENT REQUEST INFORMATION (please complete all sections)**

What destination(s) are you considering for your post-secondary years?  
workplace  apprenticeship  college  university

I would like a placement that will provide experience and learning related to:  
First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

Program Request: 2 credit (half day) <input type="checkbox"/> OR 4 credit (full day) <input type="checkbox"/>	Preferred Semester: semester one <input type="checkbox"/> OR semester two <input type="checkbox"/>
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Travel is the responsibility of the student. How will you travel to and from your placement?  
local transit  walk  car

Do you have a driver's license?  
no  G1  G2

**List below any special skills you possess that may relate to the career area you wish to study. You may also list hobbies/interests; certificates you have earned that would support your placement in the desired career area.**

First Aid Certified       Fluent in 2<sup>nd</sup> Language  please specify: \_\_\_\_\_  
CPR Certified       Other  please specify: \_\_\_\_\_  
Computer Skills  \_\_\_\_\_

**C. EMPLOYMENT/VOLUNTEER DATA (please complete all sections)****List below any part-time, summer or volunteer work experience (most recent first).**

Place of Employment	Dates of Employment	Tasks Performed	Reason for Leaving
	<b>From:</b> <b>To:</b>		
	<b>From:</b> <b>To:</b>		

**List below other responsibilities you have (e.g. volunteering, babysitting, sports, lessons, etc.).****D. EMERGENCY AND MEDICAL DATA (please complete all sections)**

Mother/Guardian Name:		Business Number:	
Father/Guardian Name:		Business Number:	
Emergency Contact Name:	Relationship:		Phone Number:
Doctor's Name:		Phone Number:	

**List below any medical concerns that the school and placement should be aware of.****E. OTHER INFORMATION (please complete all sections)****Explain why you would like to participate in the Cooperative Education/Student Transition to Employment Program.**

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## **PARENT/GUARDIAN CONSENT AND STUDENT AGREEMENT**

**In order to remain in the Cooperative Education/Student Transition to Employment Program, I understand that I must comply with the following requirements:**

1. I understand that I must successfully complete my in-school course(s).
2. I understand that I must respect the school and employer's regulations and expectations.
3. I understand that I must report to work and school as scheduled.
4. I understand that I must work in a courteous, responsible and business-like manner.
5. I understand that I must meet the employer's expectations of dress and behaviour.
6. I understand that I must adhere to company health and safety regulations.
7. I understand that I must report to school in full uniform during the in-school component of the program.
8. I understand that I must complete on time, weekly log sheets and journals, and other required assignments.
9. I understand that I must notify my training supervisor and the co-op teacher prior to the beginning of the shift if I am unable to report to work due to illness or emergency.
10. I understand that if my placement is at the hospital, nursing home or working in a daycare the supervisor will request proof of my immunization record, and the results from a recent two part TB test. If working in a daycare then I must have a criminal record check completed before the start of my placement.

**I understand that transportation is the responsibility of the student.**

**I understand that if I have an Individual Education Plan (IEP) then it might be necessary to share this information with the placement supervisor.**

### **WSIB Coverage**

Students will receive Workplace Safety and Insurance Coverage from either the Ministry of Education or the Placement Employer.

### **Freedom of Information/Protection of Privacy (FOIPOP)**

Pursuant to subsection 29 (2) of the Municipal Freedom of Information and Protection of Privacy Act, under the authority of the Education Act, the personal information obtained for the purposes of Cooperative Education, Apprenticeship and School-Work programs will be used for the on-going administration of appropriate placements. All information will be kept in confidence.

**We, the undersigned, agree to participation in the Cooperative Education/Student Transition to Employment Program of the Board under the conditions set forth in this agreement.**

\_\_\_\_\_  
**Student Name (printed)**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Name (printed)**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**