



CO-OPERATIVE EDUCATION AND WORK EXPERIENCE APPLICATION FORM

GF 019

Applying to Co-operative Education Planning for Independence Workplace Experience Placement
 Work Experience (1-4 weeks) 1st Semester 20 2nd Semester 20 Summer School

PERSONAL INFORMATION

Student's Name (*Last, First*)
 Female Male
 Date of Birth Language(s) (*Other than English*)
 Address
 Postal Code Home Phone Cell Phone
 E-mail

CONTACT INFORMATION

Parent/Guardian Name
 Home Phone Business Phone Cell Phone
 Parent/Guardian Name
 Home Phone Business Phone Cell Phone
Emergency Contact
 Home Phone Business Phone Cell Phone

REFERENCES: State the names of two teachers who will act as reference for you. Teacher's name (please print).

1. Name Course
 2. Name Course
 Guidance Counsellor's Name and Signature
 Verification by Guidance Counsellor's Academic Credit completion: Yes No

WORK AND VOLUNTEER EXPERIENCE

Paid/Volunteer Work Experience/Extracurricular Activities

<i>Name of the Company/Organization</i>	<i>Positions</i>	<i>Dates</i>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Total Number of Volunteer hours completed and submitted:

EDUCATION

List any previous courses that you have taken which are related to your placement selection.

(Grade / Level / Course Code)

1. 2.
3. 4.

List any relevant skills, interests, certificates, hobbies:

Have you earned Co-op credits previously? Yes No If yes how many co-op credits earned?

What are your plans after Graduation? Work College University Apprenticeship Community

Have you participated in: Job Twinning Job Shadowing Work Experience

If yes, where and when:

SELECTION

Preferred Semester: Semester 1 Semester 2 Summer

Preferred Credits: (if offered at your school) 1 Credit 2 Credit a.m. 2 Credit p.m. 3 Credit 4 Credit

Please check off applicable program(s).

Co-op:	<input type="checkbox"/>	Planning for Independence Workplace Experience Placement:	<input type="checkbox"/>
OYAP:	<input type="checkbox"/>	Dual Credit Program:	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Level 1:	<input type="checkbox"/>

SHSM Sector:

Immunization Up-to-date and completed? Yes No Criminal Background Check/
Vulnerable Sector Search as required: Yes No

Please advise of any medical/health information which would be necessary to be disclosed to the placement for health and safety or accomodation purposes. You may wish to speak with your Experiential Learning Teacher directly to discuss.

Type of placement requested: First Choice:

Second Choice:

Do you have a contact for your placement? Yes No

If yes, list business name, contact name, address and telephone

Student's Signature Parent/Guardian Signature

Date

Date