

**ST. FRANCIS XAVIER S. S.  
COOPERATIVE EDUCATION AND OTHER FORMS OF EXPERIENTIAL LEARNING  
APPLICATION FORM**



Applying to:  Cooperative Education  Work Experience (1-4 weeks)  
 Planning for Independence Workplace Experience Placement  Summer School  
Program Request (Number of Credits Sought – please select one):  1 Credit  2 Credit  3 Credit  4 Credit

Date Application Completed: \_\_\_\_\_

**PERSONAL INFORMATION**

Student's Name: (Last, First) \_\_\_\_\_

Female  Male

Date of Birth: (Y/M/D) \_\_\_\_\_ Language(s) Other than English: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**CONTACT INFORMATION**

Parent/Guardian Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**REFERENCES:** Print the names of two teachers who are willing to act as a reference for you, as well as the subject/course taught:

1. Name: \_\_\_\_\_ Subject/Course: \_\_\_\_\_

2. Name: \_\_\_\_\_ Subject/Course: \_\_\_\_\_

Guidance Counsellor's Name, Signature and Verification of Academic Credit Completion:

\_\_\_\_\_

**RELEVANT INTERESTS, WORK EXPERIENCE, VOLUNTEER HOURS, CERTIFICATIONS AND HOBBIES:**

1. What is your passion? What are your interests and hobbies? \_\_\_\_\_

\_\_\_\_\_

2. What sector and career are you interested in pursuing for your Co-op or Work Placement? \_\_\_\_\_

\_\_\_\_\_

\*Please see our school website for further information: access Learning, Departments, Cooperative Education\*

Placement Choice #1: \_\_\_\_\_

Placement Choice #2: \_\_\_\_\_

3. List any work experience or volunteer experience and number of volunteer hours you have completed:

\_\_\_\_\_  
\_\_\_\_\_ Number of volunteer hours completed: \_\_\_\_\_

4. List all certifications that you have completed: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

List secondary school courses completed (including Grade level), that relate to your Co-op placement choices:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Which post-secondary destination are you planning to follow?/What are your plans after Gr. 12 graduation? (Please select all that apply with an x, below)

Workplace  Apprenticeship  College  University  Community

2. Have you completed the following programs previously? (Please select all that apply with an x, below)

Co-op  PIP Workplace Experience  Work Experience (1-4 weeks)  Job Twinning  Job Shadowing

**SHSM (Specialist High Skills Major)** Program Requested: (if you are interested or enrolled, please indicated one with an x below)

Health & Wellness  Hospitality & Tourism  Transportation

\*Please see our school website for further information: access Guidance/Courses, select S. H. S. M. from the dropdown menu\*

**OYAP (Ontario Youth Apprenticeship Program)**: Depending on your placement choice, you may be eligible to apply for the OYAP program or Level 1 - \*please visit Cooperative Education on our school website for additional information\*

OYAP (Please provide an x if you are interested)

**Dual Credit Program**: \*please see our board website or speak with your Guidance Counsellor for additional information\*

Dual Credit program (Please provide an x if you are interested)

*Additional Information Regarding Co-op/Workplace Experience/Work Placements:*

- Please advise of any medical/health information which would be necessary to be disclosed to the placement for health and safety or accommodation purposes. You may wish to speak with your Co-op/Experiential Learning Teacher directly to discuss.
- You may be required to provide proof of immunization and complete a vulnerable sector check/criminal reference check *depending on the requirements of the placement* – these requirements may be verified with your Co-op/Experiential Learning teacher.

Thank you for completing this application. Please submit it to your Guidance Counsellor for signature and forward it to the Co-op Department (Room 302). We place our students at Co-op placements based on their passions and interests. If you have a preferred placement and contact information, please provide it below. The Co-op Department teachers (Room 302) will contact you for an interview to further discuss the program and placement opportunities. Welcome to Experiential Learning!

\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_