

ST. MARY C.S.S. COOPERATIVE EDUCATION APPLICATION FORM 2018-2019

FREEDOM OF INFORMATION

This information is collected under the authority of the Education Act and is in compliance with Section 14, Section 32 and Subsection 29(2) of the Municipal Freedom of Information and Protection of Privacy Act. The information collected on this application will be used for (i) the purposes of assessing and determining suitable candidates for a Cooperative Education program, (ii) enrolling successful candidates in the program, and (iii) matching the candidates to an appropriate cooperative education placement..

STUDENT INFORMATION

Please print, and circle where applicable

NAME (Surname)	(First)	CURRENT GRADE
STREET ADDRESS + CITY		POSTAL CODE
CLOSEST MAJOR INTERSECTION	DATE OF BIRTH (M/D/Y)	
HOME PHONE	STUDENT CELL #	
HEALTH CARD NUMBER (Voluntary)	DO YOU HAVE A SOCIAL INSURANCE NUMBER: <i>Yes or No</i>	
PLEASE PROVIDE ANY INFORMATION ABOUT YOUR HEALTH THAT YOU SHOULD TELL A PLACEMENT SUPERVISOR:		

EMERGENCY CONTACT INFORMATION

PARENT/GUARDIAN #1 DAYTIME PHONE (HOME/CELL/WORK)	PARENT/GUARDIAN #2 DAYTIME PHONE (HOME/CELL/WORK)
RELATIONSHIP TO STUDENT	RELATIONSHIP TO STUDENT

COOPERATIVE EDUCATION PROGRAM INFORMATION

Please print, and circle where applicable

WHAT IS YOUR DESTINATION AFTER SECONDARY SCHOOL?			
<i>College</i>	<i>Skilled Trades</i>	<i>University</i>	<i>Workplace</i>
I WOULD LIKE A PLACEMENT THAT WILL PROVIDE EXPERIENCE AND LEARNING RELATED TO:			
First Choice:		Second Choice:	
TIMETABLE PREFERENCES: <i>Semester 1</i> OR <i>Semester 2</i> <i>Half Day (AM or PM)</i> OR <i>Full Day</i>			
WOULD THE OTHER OPTIONS ABOVE BE POSSIBLE IF THE CHANGE WERE NECESSARY? <i>Yes</i> OR <i>No</i>			
ARE YOU ENROLLED IN ANY OF THE FOLLOWING SHSMs AT ST. MARY?			
<i>Arts and Culture</i>	<i>Business</i>	<i>Non-Profit</i>	<i>Transportation</i>
INDICATE BELOW WHICH MODE(S) OF TRANSPORTATION YOU WILL USE TO GET TO YOUR PLACEMENT			
<i>* Public Transit (Purchase of a pass is the responsibility of the student)*</i>		<i>Walking</i>	<i>Car</i>
DO YOU HAVE A DRIVER'S LICENSE? <i>G1</i> <i>G2</i>			
PLEASE LIST OTHER RESPONSIBILITIES YOU HAVE (e.g. BABYSITTING, PART-TIME WORK, EXTRA-CURRICULARS)			
DAYS ABSENT SEMESTER 1		DAYS LATE SEMESTER 1	
STUDENT SIGNATURE		PARENT/GUARDIAN SIGNATURE	

PLEASE ALSO READ AND SIGN THE BACK OF THIS FORM

*****If possible, please attach your most current résumé*****

**PLEASE SUBMIT YOUR COMPLETED APPLICATION WITH YOUR COURSE SELECTION FORM AND/OR TO
THE CO-OP OFFICE (located in GUIDANCE) by February 22nd**

You must indicate on your COURSE SELECTION FORM that you are applying for CO-OP (COP20=2 credit; COP40=4 credit)

ST. MARY C.S.S. COOPERATIVE EDUCATION APPLICATION: RULES AND RESPONSIBILITIES

PROGRAM

- I must be interviewed by the Cooperative Education Teacher before being accepted;
- The Cooperative Education Teacher will be reviewing each applicant's status sheet, attendance and punctuality profile and requesting teacher references;
- I must represent the school in a favourable manner in the community as a Cooperative Education Student;
- I must communicate in a positive manner with the Cooperative Education Teacher, supervisor and fellow students;
- I must satisfactorily complete school and workplace assignments;
- I may have photographs taken that will be used for promotional purposes;

PLACEMENT

- I may be interviewed by the placement supervisor(s) before being accepted for a placement;
- Security, character or credit checks, or other pre-placement screening may be required before a placement can be secured;
- Additional specialized application forms and subsequent interviews may be required prior to acceptance;
- The Cooperative Education Teacher may need to provide pertinent information about me, my ability or situation to a prospective supervisor for placement purposes;
- I may need to travel long distances. I am responsible for transportation to and from the cooperative education placement site; and it is the recommendation of the school that I use public transit, and this may require the purchase of a public transit bus pass. If I choose to drive a vehicle to placement, I will be covered by my own insurance.
- I may have to wear prescribe clothing (e.g. safety equipment, business attire, uniform at my own expense);
- I must not drive at my cooperative education placement as part of my placement duties;
- I must abide by the rules of the cooperative education placement;
- I must maintain strict confidentiality regarding workplace matters;
- I must maintain professional working relationships with co-workers;
- I should not expect payment for my cooperative education term;
- The duties I will be performing as part of my work placement is based on the expectations of the related course(s);
- Theft, vandalism; breach of confidentiality or crime are grounds for termination of my placement and/or removal from the Cooperative Education program with loss of credits and/or possible further action under the law;
- I may be removed from my work placement at the discretion of my Cooperative Education Teacher and/or Workplace Supervisor; I may or may not be given another placement.
- If my supervisor terminates my placement, I may be asked to leave the Cooperative Education program;

ATTENDANCE

- I must work the hours specified on the Work Education Agreement form (any change must be according to prior written amendment signed by all parties);
- I must report all absences with reasons, to the supervisor, the school and the Cooperative Education Teacher at the beginning of each work day;
- I must attend regularly and be punctual both in classroom and workplace component until the end of the semester as per Co-op calendar;
- I should schedule personal appointments so they do not interfere with either the placement or the classroom component;
- My placement takes priority over part-time employment and/or extra curricular activities and any adjustment to the working hours must be arranged with both the Cooperative Education Teacher and workplace supervisor;
- I am withdrawing from the Co-op Education program if I quit the placement without consulting my Cooperative Education Teacher;

HEALTH AND SAFETY

- I must declare to the Cooperative Education Teacher any medical condition which may affect my Cooperative Education placement;
- I may be required to have a medical examination and/or provide medical information for placement purposes;
- I understand that precautions are necessary, immunization is advised/mandatory for some placements, and that I am responsible for this at my own expense;
- I must have the Work Education Agreement or Classroom Assistant Agreement signed by all parties before beginning work at the placement;
- I will be covered by the Workplace Safety and Insurance Act by the Ministry of Education or by the School Board Insurance while working during the time specified by the Work Education or Classroom Assistant Agreement; students who are paid will be covered by their employer;
- I must observe all health and safety regulations at the workplace, contact my Cooperative Education Teacher regarding any health and safety concerns and report any accidents immediately to my supervisor and Cooperative Education Teacher.

I understand that I can be removed from the Cooperative Education program with the loss of credits if I am unable to meet program requirements in either the classroom component or at the cooperative education placement.

AGREEMENT

I UNDERSTAND AND AGREE to the above terms as indicated by my signature:

Student Signature _____

Date: _____

I UNDERSTAND AND AGREE that my daughter/son is enrolling in a Cooperative Education program, which will involve substantial time in the community. I am aware that immunization/tests/precautions are advised/mandatory for certain work placements. I understand that my daughter/son must adhere to the above terms.

Parent Signature _____

Date: _____