



APPLICATION – COOPERATIVE EDUCATION PROGRAMS



Student's Name	Student ID	Date of Birth	
Email Address:	<input type="checkbox"/> M <input type="checkbox"/> F	_____ / _____ / _____ Year / Month / Day	
Address	Postal Code	Home Phone	Cell Phone
School	Home Room #	Home Room Teacher	

TYPE OF PROGRAM APPLYING FOR

<input type="checkbox"/> Co-op	<input type="checkbox"/> Ontario Youth Apprenticeship Program (OYAP)
<input type="checkbox"/> International Co-op (Ecuador)	<input type="checkbox"/> Summer School Co-op

RELATED COURSE(S) What course(s) have you taken that relate to what you want to do for Co-op?

1.	2.
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TYPE OF WORK PLACEMENT REQUESTED

1st Choice	2nd Choice
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OFFICE USE

AEP	<input type="checkbox"/>
Attendance Profile	<input type="checkbox"/>
Credit Counselling Summary	<input type="checkbox"/>
Transcript	<input type="checkbox"/>
Current Timetable	<input type="checkbox"/>
Teacher References Sent	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Teacher References Received	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Interview Completed	<input type="checkbox"/>
Accepted by Teacher	<input type="checkbox"/>
Notification to Student`	<input type="checkbox"/>
Semester	<input type="checkbox"/> Sem.1 <input type="checkbox"/> Sem. 2
Placement Confirmed	<input type="checkbox"/>

EMERGENCY INFORMATION (Please print)

CONTACTS	HOME PHONE	BUSINESS PHONE	CELL PHONE
Mother's Name			
Father's Name			
Guardian's Name			
Doctor's Name	Doctor's Phone		
Emergency Contact	Emergency Phone		
Medical Concerns			

PLEASE CHECK THE APPROPRIATE RESPONSE

Do you have: Job Shadowing Experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Work Experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Co-op Experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
First Aid Qualifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Computer Skills? Please list software/hardware expertise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A valid driver's licence?	<input type="checkbox"/> G1	<input type="checkbox"/> G2	<input type="checkbox"/> G
The use of a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you speak any other language(s)? Please specify:			

EMPLOYMENT, VOLUNTEER WORK, AND/OR RELATED EXPERIENCE

Name of Company	Type of Work Performed	Dates (incl. Year - from - to)
Please list any after school responsibilities you have, (i.e. babysitting, part time job, sports etc)		

List any special awards, skills or achievements you have:

What post-secondary destination are you currently considering?

- Apprenticeship for the skilled trades
- Work
- College
- University

What are the educational goals you have identified for yourself on your Annual Education Plan (AEP)?

Write a paragraph describing why you want to take a Co-op program or what you hope to learn from Co-op.

REFERENCES

State the names of three teachers and/or employers (for OYAP students) who will act as a reference for you (your contact with them should be recent; one teacher should be in the Co-op subject-related area.)

1. _____ 2. _____ 3. _____

CREDIT HISTORY

Please attach your current Credit Counselling Summary (available through Guidance)

INSURANCE COVERAGE

Workplace Safety and Insurance Act, 1997

Most students are covered under the Workplace Safety and Insurance Act.

Board Insurance

Students and training organizations are insured against a lawsuit arising out of the negligence of the student while performing duties within the Co-op assignment. The Board does not cover personal injuries to students.

Student Accident Insurance

All students are encouraged to obtain Student Accident Insurance.

MUNICIPAL FREEDOM OF INFORMATION (FOIPOP)

Pursuant to subsection 29(2) of The Municipal Freedom of Information and Protection and Privacy Act, and 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. If you have any questions about the information collected, please contact the Coordinator of Community Based Education at 416-969-8131 or 905-727-3141.

APPROVAL CRITERIA

Under the following conditions, I hereby agree to the participation of the above-named student in a Cooperative Education Program of the York Region District School Board.

- ✓ Student successfully completes the YRDSB Cooperative Education Programs "Steps for Selection Process."
- ✓ Student signs and demonstrates an understanding of the Cooperative Education Student Handbook and Statement of Understanding.
- ✓ Student demonstrates an understanding of the pre-placement expectations prior to placement.

Student's Signature

Parent/Guardian Signature

Teacher's Signature

Year / Month / Day

Year / Month / Day

Year / Month / Day