



COOPERATIVE EDUCATION PROGRAM

Application for Health Care Facility Placement

SECTION A (TO BE COMPLETED BY STUDENT)

All parts of this application form must be completed neatly, accurately and legibly. Incomplete applications will **NOT** be considered.

Student's Name:		
Address:		
City:	Postal Code	Email:
Home phone:	Date of Birth:	
Co-op Teacher / Coordinator:		
School:		
Address:		
Telephone:	Extension:	Email:
Emergency Contact:	Telephone:	
Special Needs Student:	Yes	No
If yes, please explain:		
Specialist High Skills Major Candidate:	Yes	No
Additional Languages spoken (Please specify)		
Tuberculosis Test/ Immunization record complete:	Yes	No

Start Date	End Date
Start Time	Finish Time
<p>Student is covered by Workplace Safety and Insurance Board (WSIB) and Third Party Liability through the school board</p> <p>Signed and authorized by:</p> <p>_____</p> <p>Teacher</p>	
<p>Date: _____</p>	

Indicate type of placement desired:

Students must choose from the list of placements available at the hospital to which they are applying.

Choice #1

Choice #2

Choice #3

Would you be interested in an alternate position if your top 3 selections were not available? **Yes** **No**

Grade level (grade you will be in while completing your co-op placement):

	Semester 1 (Sep-Jan)	Semester 2 (Feb-Jun)	Summer	
Student Work Schedule		Half Days (5 days per week)	AM	PM
		Full Days (5 days per week)		

In school session day for your co-op program:

SECTION B

(To Be Completed By Student)

A. Answer the following questions:

- 1) Why have you requested a placement in a health care facility?

2) How will this placement help you with your career choice?

3) What can you contribute as a Co-op Student in this placement? (Discuss your volunteer work, personal strengths, and prior relevant experience)

- 4) What research have you done to explore this career pathway (e.g. personal interviews, internet, career centre, guidance counselors)?

- 5) Are there any physical or medical conditions that you would like us to be aware of, or require special accommodation? Yes No
If YES, please explain

B. Attach a current resume and cover letter (limit cover letters to one page)

C. We are looking for candidates with great communication skills, demonstrated teamwork capability and those with strong work ethics.

D. Attach 2 references:

- 1) Teacher who knows you well (i.e. guidance, subject teacher, administrator)
- 2) One other person who is not another teacher, peer or family member

E. Waiver

As a co-op student, I accept the responsibility to maintain my knowledge/understanding of my role as a co-op student. I commit to participating in training and evaluation activities. I am aware that I am entering into an "at pleasure relationship". In the event that my co-op involvement is not compatible with the Hospital's requirements, the decision of the Coordinator of Community Resources will be final (i.e. re-training, transfer to another area or termination). I hereby grant permission for my personal contact information (phone number and email) to be shared with my placement supervisor and other volunteers or co-op students in my work area for the purposes of scheduling and information sharing.

STUDENT'S E-SIGNATURE:

FREEDOM OF INFORMATION

This information is collected under the authority of the Education Act and in compliance with Section 14, Section 32 and Subsection 29 (2) of the Municipal Freedom of Information and Protection of Privacy Act and will be used for the ongoing administration of appropriate Cooperative Education placements.