

COOPERATIVE EDUCATION PROGRAM STUDENT APPLICATION

DATE SUBMITTED:

Students who have the educational background, demonstrate responsibility, motivation, commitment, and the willingness to learn in an adult workplace environment will be considered for entry into the program. Where a student's readiness or commitment is not sufficiently evident, his or her acceptance into the cooperative education program may be deferred until the requirements are met.

Student Name:	Student Number:	Date of Birth:
Grade Next Year:	Total Number of completed credits at end of this school year: _____	Age in September (year):
Email Address:		Student Cell Phone:
Home Address:	Postal Code:	Student Home Phone:

PROGRAM(S) APPLYING FOR:

<input type="checkbox"/> Cooperative Education	<input type="checkbox"/> Ontario Youth Apprenticeship Program (OYAP)
	<input type="checkbox"/> Accelerated OYAP: _____
<input type="checkbox"/> HPA - High Performance Athlete	<input type="checkbox"/> Summer Cooperative Education

TYPE OF PLACEMENT REQUESTED:

Placements are not guaranteed. They are secured through an interview process with potential supervisors and are dependent upon the skills, strengths, academic backgrounds and attitudes of individual students. Provide two placement options and provide as many details (job type, name of company, location) as possible.

First Choice:	Second Choice:
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What course(s) have you taken or will you be taking that are SPECIFICALLY related to the Co-op placement you are requesting? i.e. Course Name and Course Code

1.	
2.	

EMPLOYMENT AND / OR VOLUNTEER EXPERIENCE:

Company/Organization:	Work/Tasks Performed:	Dates: (start date to end date)

SPECIALIST HIGH SKILLS MAJOR PROGRAM:

SHSM Sector:



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POST SECONDARY PATHWAY:

<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> College
<input type="checkbox"/> University	<input type="checkbox"/> Workplace

REFERENCES:

State the names of two teachers who will act as a reference for you and complete the teacher reference form. Your contact with them should be recent, and one teacher should be in the subject area related to your placement of interest, ie. Biology for a veterinary placement.

First Reference:	Second Reference:
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Contact Information	Cell #	Business #	Home #
Primary Parent Name:			
Email Address:			
Secondary Parent Name:			
Email Address:			

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 and PROTECTION of PRIVACY (MFIPPA)
 "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."

Student Signature	Parent/Guardian Signature	Co-op Teacher Signature
Year / Month / Day	Year / Month / Day	Year / Month / Day

Completion Checklist - Prior to submitting your Co-op Application do the following:

- Complete the application and obtain appropriate signatures
- Attach a Resume to the Co-op Application
- Ask teachers to be a "Reference" and indicate their names on the application