

1. COLLECTION OF PERSONAL INFORMATION: Personal information is collected under the authority of s. 265(1)(d) of the *Education Act*, and pursuant to sections 28(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. For further information contact: Co-op Consultant, Waterloo Catholic DSB, 35 Weber St, Kitchener, ON, N2H 3Z1, 519-578-3660.

2. CONSENT TO DISCLOSE PERSONAL INFORMATION: To permit a Cooperative Education placement, it is necessary for the Waterloo Catholic DSB to share the names, contact information, work experience, and academic achievements of individuals who are being considered for a Cooperative Education placement with internal and external participating businesses and agencies. By submitting this form you are consenting to the Waterloo Catholic DSB sharing the information contained in this application form as required.

Co-op Program you are applying for:

- | | | |
|---|---|---|
| <input type="checkbox"/> Regular Co-op | <input type="checkbox"/> CCEP (College Co-op) | <input type="checkbox"/> Community Build Program |
| <input type="checkbox"/> OYAP (Co-op in an Apprenticeship Trade) | <input type="checkbox"/> UCEP (University Co-op) | <input type="checkbox"/> CAPP (College Apprenticeship Preparation Program) |
| | <input type="checkbox"/> Summer Co-op | |

Name: _____ Date: _____
Home Address: _____ City: _____ Postal Code: _____
Phone #: _____ Email Address: _____
Date of Birth: _____ School: _____ Grade: _____

Which post-secondary pathways are you considering?

- APPRENTICESHIP COLLEGE UNIVERSITY WORK

Future careers or programs you are considering? _____

Where would you like to be placed for your co-op term? (please indicate 3 different career choices)

1. _____ 2. _____ 3. _____

Transportation (please indicate the method you plan to use to get to your co-op placement):

- Car Ride GRT Bus Other: _____

Courses and/or experience you have related to job/co-op placement:

Proficient in the following computer software applications:

List part-time job(s) and/or volunteer work:

Involvement on Teams/Clubs/Organizations:

★ **Applicants must also submit 2 Teacher Reference forms from teachers who have taught or coached you recently.**

NOTE: Co-op students are responsible for placement costs (e.g., transportation, safety equipment). However, costs should not deter students from requesting co-op. Schools will support co-op students with financial concerns.

Applicant's Signature: _____

INTERVIEW COMMENTS:

ACCEPTANCE: YES NO _____ Interviewer's Signature

Students participating in Experiential Learning programs will, at all times, follow the policies and procedures as set out by the Ministry of Education and the Waterloo Catholic District School Board (WCDSB). The unique out-of-school aspect of these programs necessitates a variety of modes of instruction that do not fit the usual school schedule. Adaptations to the curriculum, student's timetable, and work placements may be made to accommodate specific student, school, and employer needs. Parental consent is required prior to student's participation.

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Statement of Understanding for Student

I agree to conform to all expectations of the program with respect to the following:

- Attend regularly and punctually both in school and on the job until the end of the scheduled placement.
- Report all absences promptly to the supervisor, the attendance office and my teacher at the beginning of each workday and provide reason for the absence.
- Make up any hours missed at the placement in consultation with my supervisor and my teacher.
- Complete all required assignments both in school and at the placement.
- Abide by the expectations of my supervisor while on placement (e.g., adhere to health & safety regulations, receive on-the-job training, demonstrate good work ethic, initiative and positive attitude).
- Communicate in a positive and professional manner with my teacher, supervisor, and co-workers.
- Work cooperatively with colleagues in school and on the job.
- Maintain strict confidentiality regarding workplace matters.

I understand that...

- All Experiential Learning programs require that I spend considerable time working at a community placement, and as such I agree to represent the school in a positive manner.
- In Ontario, postsecondary institutions (colleges & universities) independently determine their policies with respect to course pre-requisites and admission requirements. Students & parents are advised to contact the individual colleges & universities to determine if high school Co-op credits will be admissible for the program of their choice. For a list of colleges & universities, visit: <http://www.tcu.gov.on.ca/eng/postsecondary/schoolsprogram/>
- For students pursuing apprenticeships, employers may consider crediting the secondary school co-op hours.
- I should not expect to be paid for the work done while at my placement. I will earn secondary credits.
- I am responsible for all placement related expenses. I am responsible for the cost, arrangement, and liability associated with transportation to and from the worksite, and that it is the recommendation of the school board that I use public transit. I understand that if I choose to drive a vehicle to work, it is the responsibility of the owner of the vehicle to provide liability coverage.
- I must arrange for my own vulnerable police records check or health test/immunization (e.g., TB) if required, during the summer or the semester prior to my Co-op, to ensure that I am ready for placement when the course begins.
- Depending on the organization, I may be required to undergo a specialized application procedure prior to my placement. My teacher will inform me of the employers for which this applies and will relay the necessary details.
- I may be required to wear prescribed clothing or PPE (Personal Protective Equipment) at my placement (e.g., safety equipment, business attire, remove of body piercings) depending on the placement and job description.
- My placement will take priority over part-time employment and co-curricular activities, and that any adjustment to working hours must be arranged in advance with both my teacher and supervisor.
- I am aware it is recommended that I purchase additional Student Accident Insurance through the school.

- I must inform my teacher of any medical condition or learning difficulty (e.g., English as a second language, learning disability) that I have, which may affect my safety and/or performance at my placement. My teacher will provide pertinent information in confidence to a prospective supervisor to ensure a safe and appropriate placement opportunity.
- I must have the **Work Education Agreement** form, which provides me with Workplace Safety and Insurance Board coverage (through the Ministry of Education), signed by all parties by the first day at my placement.
- Whenever I work outside of the designated days or hours as identified on the Work Education Agreement form, it will be my responsibility to complete an **Amendment Form** signed by my placement supervisor, parent/guardian (for students under 18 years), and teacher, in advance of my altered hours. Failure to complete an Amendment Form will result in no WSIB coverage and in the event I am injured, I understand the WCDSB and the employer assume no responsibility.
- I will be provided with workplace training and work assignments by a specified supervisor(s) at my worksite. The supervisor will also complete Performance Appraisals and meet regularly with my teacher to monitor my progress.
- I must adhere to all health and safety regulations at my placement and in the event of a workplace accident or injury, I will immediately inform my supervisor and my Co-op teacher.
- I must provide truthful information to my teacher and supervisor upon request, and that failure to do so may be grounds for termination of my placement, and/or removal from the program with loss of credit.
- Theft or vandalism will be grounds for termination from my placement and/or removal from the school program with loss of credit and possible further action under the Criminal Code of Canada.
- I must provide my teacher with updated information should there be any changes in the data provided on my application form while I am enrolled in the Co-op program (e.g., change of address, phone, emergency contact information).
- As a result of external factors (e.g., economic slowdown) and competition for popular occupations, students who are enrolled in a Specialist High Skills Major program are not guaranteed a placement in their chosen sector. Although every effort will be made to find the chosen placement, students may need to accept an alternate choice.
- I can be removed from the Experiential Learning program with loss of credit if I am unable to meet program requirements and expectations either in school or at the placement.
- If I decide to withdraw from, or am removed from the program, a decision about how many credits will be granted will involve my teacher, Co-op Program Head, and the school principal or vice-principal.

Parental Consent

I have read this Experiential Learning Parent & Student Information Form, and agree to its terms as indicated by my signature below.

Student's Name (please print)

Student's Signature

Date

I understand that my son/daughter is enrolled in an Experiential Learning Program that will involve substantial time spent in the community at an approved placement. I understand that my son/daughter must adhere to the standards and expectations as outlined in this Parent & Student Information Form.

Parent/Guardian Signature
(for students under 18 years)

Date

I give my permission for pictures/video to be taken of my son/daughter that may be used for promotional purposes (e.g., bulletin boards, flyers).

YES

NO

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STUDENTS: PLEASE COMPLETE THE SHADED BOX BELOW ON ***TWO*** FORMS AND DISTRIBUTE TO:

- ANY ONE OF YOUR TEACHERS IN THE PREVIOUS TWO SEMESTERS, ***AND***
- A TEACHER IN THE SUBJECT AREA OF THE CO-OP FOR WHICH YOU ARE APPLYING.

Name: _____	Homeroom: _____	Grade: _____
Teacher & Subject Area: _____	Date: _____	
Area of Co-op Applying for: _____		
Return this Reference to: _____	Due Date: _____	

Check (✓) the appropriate level, that best describes the listed qualities for the student named above:

QUALITIES:	Excellent	Good	Satisfactory	Needs Improvement		Excellent	Good	Satisfactory	Needs Improvement
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accepts Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honest/Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LEARNING SKILLS & WORK HABITS:

	Excellent	Good	Satisfactory	Needs Improvement
1. Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Independent Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Self-regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	PERHAPS
Would you want this person working for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would this student need support/supervision in a co-op placement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would this student represent the school favourably in the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: (please write any comments that you feel would help in assessing this student)

Teacher's Signature

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