

STUDENT APPLICATION FORM

Cooperative Education North Grenville District High School

PERSONAL INFORMATION

Name: _____ Date of Birth: _____ S.I.N. _____
Mailing _____ Phone _____ Fax _____
Address _____ Email _____
Emergency Contact _____ Phone _____
Name Relationship

Allergies and/or other medical conditions that may affect choice of training placement:

Cooperative Education Information:

Give, in order of priority, the type of work that you would be interested in doing in this program.

1. _____
2. _____
3. _____

Give, in order of priority, three companies/employers for whom you would like to work.

1. _____
2. _____
3. _____

State any work experience that you have had - briefly. _____

State any volunteer experience that you have had - briefly. _____

Do you have a car? _____

Explain how will you travel to and from your work placement.

Are you willing to find your own placement.

INSURANCE

The Ministry of Education provides insurance for all Cooperative Education students (that are not placed for work experience in schools) through Ontario's Workplace Safety Insurance Board. Parents/guardians are encouraged to provide additional accidental insurance for students.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, the personal information collected for the purposes of Cooperative Education Programs is collected under the authority of the Education Act, and will be used for the ongoing administration of appropriate Cooperative Education work placements.

AGREEMENT NOTES

A student’s enrolment in the Cooperative Education Program is subject to the availability of a suitable work placement. The Personal Placement Learning Plan must be linked to the related Ontario Ministry of Education curriculum course.

The student will:

- be interviewed by the work place supervisor as arranged by the Cooperative Education teacher. The workplace supervisor and the student must agree to the placement before it will be approved.
- ordinarily remain at the same work placement for the entire semester. Removal from the placement at the request of the student, the supervisor or the school, may result in: a new placement for the student as arranged by the Cooperative Education teacher, or removal from the Cooperative Education program.
- follow the work placement’s rules of conduct, personal grooming, dress, punctuality, and attendance, and follow the Cooperative Education schedule as provided by the Cooperative Education teacher.
- receive training and work assignments by specified workplace supervisors.
- not be required to work after regular school hours, on school holidays or examination days, but may work at such times and on such days by mutual consent of student, supervisor and Cooperative Education teacher.
- report his/her absence from the work placement to the workplace supervisor and to the Cooperative Education teacher.
- provide his/her own transportation to and from the work placement.
- not allow Cooperative Education work to affect his/her studies in other courses
- be evaluated by the Cooperative Education teacher.
- be granted Ontario Secondary School credits for successfully completing the program as per the agreement and the schedule.

The Cooperative Education teacher will:

- monitor the student’s activities and progress at the work placement on a regular basis by visits, phone calls, emails, and other appropriate means of communication.
- assess and evaluate the student’s progress in this program, and thereby determine his/her final grade.

AGREEMENT AND APPROVAL

I have carefully considered and completed this Cooperative Education application form, and if I am accepted into this program, I will use every opportunity to enhance my skills and knowledge in the classroom and at the work placement.

Student’s Signature: _____ Date: _____

I agree to have _____ participate in North Grenville District High School’s Cooperative Education Program.

Parent’s/Guardian’s Signature: _____ Date: _____