

TORONTO DISTRICT SCHOOL BOARD INTERNATIONAL COOPERATIVE EDUCATION APPLICATION

Please return this completed application immediately.

Including the following: Resume Reference Form(s) Transcript

STUDENT INFORMATION

NAME (Surname) _____ (First) _____		STUDENT NO.	
STREET ADDRESS (ONTARIO) _____ APT. _____			PHONE NO. Home () Other ()
CITY _____	POSTAL CODE _____	CLOSEST MAJOR INTERSECTION _____	E-MAIL ADDRESS _____
GENDER M <input type="checkbox"/> F <input type="checkbox"/>	AGE (Sept 1)	BIRTHDATE year / month / day	HEALTH CARD NO.
SOCIAL INSURANCE NO. - -			
SCHOOL _____			HOME FORM _____
HOME FORM TEACHER _____		STUDENT SERVICES COUNSELLOR _____	

EMERGENCY CONTACT (IN HONG KONG)

NAME (parent/guardian) _____	NAME OF DOCTOR (in Hong Kong) _____
ADDRESS (street, city and postal code) _____	ADDRESS _____
PLACE OF WORK _____	PHONE NO. () _____
PHONE NO. Home () Other ()	Travel Insurance Company and Policy No. _____

COOPERATIVE EDUCATION PROGRAM INFORMATION *Please check (3) as applicable to your choices and the schedule of your school.*

PLANS AFTER HIGH SCHOOL			
Work <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Apprenticeship <input type="checkbox"/>			
PLACEMENT REQUESTED (Nursing, Tourism, etc.)		RELATED SUBJECT (Biology, Geography, Guidance, etc.)	
1 st choice		Name of course _____	
	Course Code	Mark	Date taken
PLACEMENT REQUESTED (Nursing, Tourism, etc.)		RELATED SUBJECT (Biology, Geography, Guidance, etc.)	
2 nd choice		Name of course _____	
	Course Code	Mark	Date taken

FREEDOM OF INFORMATION

This information is collected under the authority of the Education Act and is 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.

ACADEMIC INFORMATION

Last school attended	Dates		
Grade you are in this school year	Number of credits you expect to have earned before beginning Cooperative Education		
List this year's courses taken (including grade and level).			
_____		_____	
_____		_____	
_____		_____	
_____		_____	
Approximate number of absences this school year		Approximate number of lates this school year	
0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> more than 10 <input type="checkbox"/>		0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> more than 10 <input type="checkbox"/>	

PROGRAM INFORMATION

Have you taken Cooperative Education before? If Yes, what co-op credits did you earn?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date		
At (name of school)	Placement		
How did you hear about Cooperative Education?			
Student <input type="checkbox"/> Teacher <input type="checkbox"/> Co-op Presentation <input type="checkbox"/> Student Services Counsellor <input type="checkbox"/> Other (specify) <input type="checkbox"/>			
Explain why you have selected this career area. (Be specific, use point form)			
<ul style="list-style-type: none"> • • • • • • 			
Explain how your Cooperative Education experience fits into your future career goal and your annual education plan (AEP).			
<ul style="list-style-type: none"> • • • • • 			
Do you have any medical condition(s) that would affect your placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain			
List any previous courses/seminars taken which could help you at your placement. (Computers, Drama, Art, etc.)			
<u>Name of course/seminar</u>	<u>Grade</u>	<u>Level</u>	<u>Mark</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any special skills, interests, certificates, awards, achievements, hobbies related to your placement request. Make sure to include language fluency.

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-
-
-

What additional skills would you like to develop in your Cooperative Education placement?

-
-
-
-
-

What language(s) do you know other than English?

Language	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>
Language	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>
Language	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>

Computer Programs (be specific)

-
-
-
-

WORK HISTORY

Employment/Volunteer Experience (List your most recent experiences first)

<u>Organization</u>	<u>Worked From-To</u>	<u>Job Title Held</u>	<u>Duties Performed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMITMENTS AFTER SCHOOL

Do you have any commitments after school that might keep you from fulfilling the Cooperative Education program? Yes No

If Yes, explain (e.g. baby-sitting, part-time job)

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STUDENT SERVICES COUNSELLOR SECTION (FOR OFFICE USE ONLY)

Comments regarding career appropriateness and eligibility. Does this student have an IEP? Yes No

RULES AND RESPONSIBILITIES

PROGRAM

- I must be interviewed by the Cooperative Education teacher before being accepted;
- I must represent the school in a favourable manner in the community as a Cooperative Education student;
- I must communicate in a positive manner with my Cooperative Education teacher, supervisor and fellow students;
- I must satisfactorily complete school and workplace assignments;
- I may have photographs taken that will be used for promotional purposes.

PLACEMENT

- I understand that I (will/may) be required to attend an interview at the employers' premises before being accepted for a placement and that I will travel independently to this location;
- Security, character or credit checks, or other pre-placement screening may be required before a placement can be secured;
- Additional specialized application forms and subsequent interviews may be required prior to acceptance;
- The Cooperative Education teacher may need to provide pertinent information about me, my ability or situation to a prospective supervisor for placement purposes;
- I may have to travel long distances. I am responsible for transportation to and from the work site; and it is the recommendation of the school that I use public transit. If I choose to drive a vehicle to work, I will be covered by my own insurance.
- I should not drive at my placement as part of my placement duties – if I am asked to drive, I must consult with my Co-op teacher and ensure that the "Student Driving At Placement" form is completed;
- I may have to wear prescribed clothing (e.g. safety equipment, business attire, uniform) at my own expense;
- I must abide by the rules of the placement;
- I must maintain strict confidentiality regarding workplace matters;
- I must maintain professional working relationships with co-workers;
- I should not expect payment for my work term;
- The work I will be performing as part of my placement is based on the expectations of the related course(s);
- Theft, vandalism or crime are grounds for termination of my placement and/or removal from the Cooperative Education program with loss of credits and/or possible further action under the law;
- I may be removed from my placement at the discretion of my Cooperative Education teacher and/or workplace supervisor; I may or may not be given another placement;
- If my supervisor terminates my placement, I may be asked to leave the program with possible loss of credits.

ATTENDANCE

- I must work the hours specified on the Work Education Agreement form; (any change must be according to prior written amendment signed by all parties.)
- I must report all absences with reasons, to the supervisor and Cooperative Education teacher at the beginning of each work day;
- I must attend regularly and be punctual both in the classroom component and in the workplace until the end of program as timetabled;
- I must schedule personal appointments so they do not interfere with either the placement or the classroom component;
- My placement takes priority over part-time employment, and any adjustment to working hours must be arranged with both my Cooperative Education teacher and workplace supervisor;
- I am withdrawing from the program if I quit the placement without consulting my Cooperative Education teacher.

MEDICAL INFORMATION

- I must declare to the Cooperative Education teacher any medical condition which may affect my Cooperative Education placement;
- I may be required to have a medical examination and/or provide medical information for placement purposes;
- I understand that precautions are necessary, immunization is advised/mandatory for some placements, and that I am responsible for this at my own expense.

HEALTH and SAFETY

- I must have the Work Education Agreement signed by all parties before beginning work at the placement;
- I will be covered by the Workplace Safety and Insurance Act by the Ministry of Education or by School Board Insurance while working during the time specified on the Work Education Agreement form; students who are paid will be covered by their employer; however, I am not covered for the time I leave the premises of my placement during my lunch hour;
- I must observe all health and safety regulations on the job, contact my Cooperative Education teacher regarding any health and safety concerns and report any accidents immediately to my supervisor and Cooperative Education teacher.
- Personal accident and injury insurance and health insurance are the responsibility of the student and/or the student's parents/guardians.

I understand that I can be removed from the Cooperative Education program with loss of credits if I am unable to meet program requirements in either the classroom component or on the job.

AGREEMENT

I agree to the above terms as indicated by my signature.

Student Signature _____ Date _____

I understand that my daughter/son is enrolling in a Cooperative Education program, which will involve substantial time in the community. I am aware that immunization/tests/precautions are advised/mandatory for certain placements. I understand that my daughter/son must adhere to the above terms.

Parent/Guardian Signature _____ Date _____