

CO-OPERATIVE EDUCATION APPLICATION FORM



Applying to Co-op for (check one):	1st semester 2022	<input type="checkbox"/>	OR	2nd semester 2023	<input type="checkbox"/>
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STUDENT INFORMATION

Last Name	First Name	M/F	Age
Address		Postal Code	
Student Cell Phone No.	Current Grade		
Home Phone No.	Date of Birth <i>(Day-Month-Year)</i>		
E-mail Address	Language(s) <i>(Other than English)</i>		

PARENT / GUARDIAN CONTACT INFORMATION

1) Parent/Guardian Name			
Home No.	Cell Phone No.	Business No.	
2) Parent/Guardian Name			
Home No.	Cell Phone No.	Business No.	

MEDICAL INFORMATION

Name of Emergency Contact <i>(if parent/guardian unreachable)</i>	Relationship	Business No.	
Home No.	Cell Phone No.	Business No.	
Are your immunizations up-to-date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

In the space provided below, please advise of any medical/health information which would be necessary to be disclosed to the placement for health and safety or accommodation purposes.

WORK / VOLUNTEER EXPERIENCE

Include past and current experience

Name of Company/Organization	Dates	Title/position	List some of your duties / responsibilities

EXTRACURRICULAR ACTIVITIES

List the extracurricular activities, teams, clubs, etc. with which you are currently involved (or might expect to be involved in next year or semester)

Activity / Name of Club / Name of Team	How often do you meet?	What time do you meet?	a.m. / p.m.

EDUCATION

List any previous courses that you have taken which are related to your career of interest. (Grade & Course Title)

1.		2.		3.		4.	
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Do you have any plans to take night school within the next year?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
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List any skills, interests, certificates, hobbies, etc. you have that relate to the career you are interested in exploring.

What are your plans after Graduation?	Work	<input type="checkbox"/>	College	<input type="checkbox"/>	University	<input type="checkbox"/>	Apprenticeship	<input type="checkbox"/>
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SELECTION

Semester Preferred:	1	<input type="checkbox"/>	2	<input type="checkbox"/>		# of Credits:	2	<input type="checkbox"/>	4	<input type="checkbox"/>
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Program (check all that apply):	Co-op	<input type="checkbox"/>	OYAP	<input type="checkbox"/>	Dual Credit	<input type="checkbox"/>	SHSM	<input type="checkbox"/>
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Have you taken Co-op before?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		Total credits earned to date:	
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Do you have a Social Insurance Number? (Required for WSIB and OYAP)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If required, are you willing to complete a Criminal Reference Check / Vulnerable Sector Search?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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CAREER INTERESTS

1 st Career Choice:		2 nd Career Choice:	
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PLACEMENT CHOICES

1)	Business name:		Address:	
	Contact Name:		Telephone:	
2)	Business name:		Address:	
	Contact Name:		Telephone:	
3)	Business name:		Address:	
	Contact Name:		Telephone:	

PARENT/GUARDIAN APPROVAL

PARENTS/GUARDIANS MUST RECOGNIZE THAT EACH STUDENT:

- Will be interviewed by the Cooperative Education teacher to determine suitability for the program.
- Is to attend both in-school classes and the placement as scheduled.
- Is to report any absence to both the Coop teacher, School Attendance Office and the Placement Supervisor.
- Is covered under the Workplace Safety Insurance Board by the Ministry of Education.
- Will only receive credits after all in-school assignments and placement hours are successfully completed.

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 Co-operative Education placements.

Student Signature:		Date:	
Parent/Guardian Signature:		Date:	