



## INFORMED CONSENT FOR STUDENTS PARTICIPATING IN CO-OPERATIVE AND PIP WORKPLACE EXPERIENCE PROGRAM

GF 015

The Co-operative Education and Work Experience Program require me to spend a considerable amount of time working and learning in the community as a Co-op or PIP Workplace Experience student. I will represent my school in a responsible manner and in accordance with my school's *"Catholic Code of Conduct"*.

**I understand that** I must follow all the rules of the Co-op program and Work Experience Program. I will:

- Ø attend regularly and be punctual both in school and at my work placement;
- Ø if absent from the workplace, report my absence to my supervisor and my teacher before the start of the work day;
- Ø complete all required assignments;
- Ø abide by the rules of the workplace;
- Ø work co-operatively and communicate in a positive manner with my co-operative education teacher(s), placement supervisor(s), fellow workers and students;
- Ø work the required hours as indicated on my Work Education Agreement;
- Ø maintain strict confidentiality regarding workplace matters;
- Ø follow safety rules.

**I understand that** I will be covered by the Workplace Safety and Insurance Board (WSIB) for the hours specified on my Work Education Agreement.

**I understand that** if I am being paid by my employer, that I will be covered for Workplace Safety and Insurance by my employer.

**I understand that** if I have an Individual Education Plan, my teacher may discuss with my supervisor the necessary accommodations and modifications required to allow me to be successful.

**I understand that** I am responsible for transportation to and from the workplace. I understand that it is the recommendation of the Dufferin-Peel Catholic District School Board that I use public transit rather than drive a vehicle. I understand that if I choose to drive a vehicle to and from work, I will be covered by my own insurance.

**I understand that** if I am driving a motorized vehicle, (i.e. golf cart) and it is a necessary learning component of my placement, it must be noted on my Personalized Placement Learning Plan and parent/guardian/employer approved. I must be trained on how to operate and handle the motorized vehicle. Further, this does not include driving a car, truck, van, and/or bus etc. at the placement. The Dufferin-Peel Catholic District School Board provides no insurance coverage.

**I understand that** if the placement requires me to travel as a passenger in a company owned or personal vehicle, the Dufferin-Peel Catholic District School Board provides no insurance coverage. It is the responsibility of the insurer of the vehicle to provide coverage for passengers.

**I understand that** waivers or release forms are not to be signed by students or the parent(s)/guardian(s) unless they have been approved by the Dufferin- Peel Catholic District School Board. Any forms designed to release a company of responsibility or liabilities are to be brought to the attention of the Co-operative Education Teacher or teacher immediately.

**I understand that** I must declare to my Co-op teacher/teacher any medical condition, which may affect my Co-op or Work Experience placement. I understand I may have to undergo a medical examination or provide medical information before acceptance into some work placements. It is strongly recommended by the Dufferin-Peel Catholic District School Board that students obtain additional personal medical/accident insurance.

**I understand that** some placements require a Criminal Background Check, letters of reference, or other screening procedures before a placement can be secured.

**I understand that** certain placements may require another set of specialized application forms and subsequent interviews prior to my acceptance.

**I understand that** I may have to wear prescribed clothing for my placement (e.g. personal protective equipment, business attire, etc).

**I understand that** I must observe all health and safety regulations at my Co-op or Work Experience placement.

**I understand that** I must provide my Co-op teacher/teacher with updated information should there be any change in the data I have provided on my Work Education Agreement.

**I understand that** government legislation dictates that the work placement assumes the responsibility of providing a safe work environment with proper industrial safety procedures and job-site training.

**I acknowledge that** Co-operative Education and PIP Workplace Experiences can pose an element of risk through no fault of the Dufferin-Peel Catholic District School Board or the Co-operative Education Program. The risks must be assumed by the participant and/or the participant's parent(s)/ guardian(s). I understand that I can request further information about specific job-related risk from the school.

*(To be completed by parent(s)/guardian(s))*

**PERMISSION and ACKNOWLEDGMENT**

Please acknowledge that you have read and understand the above and that you give permission for participation in the Co-operative Education or Work Experience Program/placement indicated below.

I give  permission to participate in the Co-operative  
 (Student name)  
 Education or Work Place Experience Program at:

**ELEMENTS OF RISK:** Educational activity programs, such as Co-operative Education and Work Place Experience programs, sporting events or activities, field trips and other activities, may present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the school board or the facility at which the activity or event is being held. Participants must assume these risks.

The Dufferin-Peel Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses' insurance on behalf of students participating in these activities. The Dufferin-Peel Catholic District School Board distributes Student Accident Insurance to the Parent/Guardian/Student, annually.

I have read the above information. I understand that by allowing my child to participate in this Co-operative Education/Workplace Experience placement at  that I am assuming the risks associated with doing so. (placement)

- I acknowledge that the Dufferin-Peel Catholic District School Board does not provide accident or life insurance for students.
- I acknowledge that I have received a copy of the student accident insurance brochure.

Parent(s)/Guardian(s) Signature  Date:   
 (Non-adult student)

***(to be completed by the student)***

I understand that failure to comply with the above conditions/rules may result in my removal from the program and loss of academic credits.

Student Signature:  Date:

- Copy:
- Parent(s)/Guardian(s) / Student/Adult student
  - OSR