

ST. FRANCIS XAVIER S. S.
COOPERATIVE EDUCATION AND OTHER FORMS OF EXPERIENTIAL LEARNING
APPLICATION FORM



Applying to: Cooperative Education Work Experience (1-4 weeks)
 Planning for Independence Workplace Experience Placement Summer School
Program Request (Number of Credits Sought – please select one): 1 Credit 2 Credit 3 Credit 4 Credit

Date Application Completed: _____

PERSONAL INFORMATION

Student's Name: (Last, First) _____

Female Male

Date of Birth: (Y/M/D) _____ Language(s) Other than English: _____

Address: _____

Postal Code: _____ Home Phone #: _____ Cell Phone #: _____

Email address: _____

CONTACT INFORMATION

Parent/Guardian Name: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

Parent/Guardian Name: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

Emergency Contact Name: _____

Home Phone #: _____ Business Phone #: _____ Cell Phone #: _____

REFERENCES: Print the names of two teachers who are willing to act as a reference for you, as well as the subject/course taught:

1. Name: _____ Subject/Course: _____

2. Name: _____ Subject/Course: _____

Guidance Counsellor's Name, Signature and Verification of Academic Credit Completion:

RELEVANT INTERESTS, WORK EXPERIENCE, VOLUNTEER HOURS, CERTIFICATIONS AND HOBBIES:

1. What is your passion? What are your interests and hobbies? _____

2. What sector and career are you interested in pursuing for your Co-op or Work Placement? _____

Please see our school website for further information: access Learning, Departments, Cooperative Education

Placement Choice #1: _____

Placement Choice #2: _____

3. List any work experience or volunteer experience and number of volunteer hours you have completed:

_____ Number of volunteer hours completed: _____

4. List all certifications that you have completed: _____

EDUCATION:

List secondary school courses completed (including Grade level), that relate to your Co-op placement choices:

1. _____ 2. _____ 3. _____

Which post-secondary destination are you planning to follow?/What are your plans after Gr. 12 graduation? (Please select all that apply with an x, below)

Workplace Apprenticeship College University Community

2. Have you completed the following programs previously? (Please select all that apply with an x, below)

Co-op PIP Workplace Experience Work Experience (1-4 weeks) Job Twinning Job Shadowing

SHSM (Specialist High Skills Major) Program Requested: (if you are interested or enrolled, please indicated one with an x below)

Health & Wellness Hospitality & Tourism Transportation

Please see our school website for further information: access Guidance/Courses, select S. H. S. M. from the dropdown menu

OYAP (Ontario Youth Apprenticeship Program): Depending on your placement choice, you may be eligible to apply for the OYAP program or Level 1 - *please visit Cooperative Education on our school website for additional information*

OYAP (Please provide an x if you are interested)

Dual Credit Program: *please see our board website or speak with your Guidance Counsellor for additional information*

Dual Credit program (Please provide an x if you are interested)

Additional Information Regarding Co-op/Workplace Experience/Work Placements:

- Please advise of any medical/health information which would be necessary to be disclosed to the placement for health and safety or accommodation purposes. You may wish to speak with your Co-op/Experiential Learning Teacher directly to discuss.
- You may be required to provide proof of immunization and complete a vulnerable sector check/criminal reference check *depending on the requirements of the placement* – these requirements may be verified with your Co-op/Experiential Learning teacher.

Thank you for completing this application. Please submit it to your Guidance Counsellor for signature and forward it to the Co-op Department (Room 302). We place our students at Co-op placements based on their passions and interests. If you have a preferred placement and contact information, please provide it below. The Co-op Department teachers (Room 302) will contact you for an interview to further discuss the program and placement opportunities. Welcome to Experiential Learning!

Student's Signature: _____ Parent's Signature: _____

Date: _____ Date: _____