



St. Benedict Catholic Secondary School

Cooperative Education Application (Regular and SHSM)

Registration for Coop is done in two steps:

1. Complete this application and submit to Guidance
2. An interview with the Coop Teacher

Student Information			
Last Name:		Given Name (s):	
Street Address:		Email:	
City:	Province:	Postal Code:	Current Grade: 10 11 12
Student Phone Number:		OEN Number:	
Emergency Contact Name:		Emergency Contact Phone: Home:	Other:

Coop Placement Information	
Are you a SHSM Student? Yes No	If yes, identify SHSM Sector:
Which Semester do you prefer? Semester 1 Semester 2 Doesn't matter	
Placement Requested 1 st choice: (please note: SHSM students must identify a placement related to their SHSM sector)	
Placement Requested 2 nd choice:	
Placement Requested 3 rd choice:	

Do you have a contact for any of your choices? If yes, please list them below:		
Company:	Name:	Phone Number:

Explain why you have selected this career area (Be specific, use point form)

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Do you have a medical condition(s) that would affect your placement?

Yes No

If Yes, please explain:

List any previous courses/seminars taken which could help you at your placement. (Computers, Drama, Art, etc.)

Name of course/seminar	Grade	Level	Mark

List any special skills, interests, certificates, awards, achievements, hobbies related to your placement request.

Do you have a driver's license? Yes No

Do you have use of a car? Yes No
(Driving should not be part of your placement duties.)

RULES AND RESPONSIBILITIES

- 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 (e.g., brochure, website).
- I understand that I (will/may) be required to attend an interview at the workplace 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 at my own expense may be required before a placement can be secured;
- 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; it is the recommendation of the school that I use public transit. If I choose to drive a vehicle to work, I must 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., personal protective equipment, business attire, uniform) at my own expense;
- I must abide by the rules and regulations of the placement including the use of technology and communication protocol;
- I must maintain strict confidentiality regarding workplace matters;

- I must maintain professional working relationships with co-workers;
- The work I will be performing as part of my placement is based on the expectations of the related course;
- 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 (WEA) form; any change must be according to prior written amendment signed by all parties;
- I must report all absences with reasons, to both 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 will be withdrawn 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 expenses.

HEALTH and SAFETY

- I must have the Work Education Agreement (WEA) 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 (WEA) form; students who are paid must be covered by their employer unless exempted by law. I am not covered for the time I leave the premises of my placement during my lunch hour or while travelling to and from my placement;
- 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. I understand that I have the right to refuse unsafe work at my placement.

FREEDOM OF INFORMATION

1. **COLLECTION OF PERSONAL INFORMATION:** Personal information is collected under the authority of s. 265(1)(d) of the Education Act, and pursuant to sections 28(2) of the Municipal Freedom of Information and Protection of Privacy Act. The information collected on this application will be used for (i) the purposes of assessing and determining suitable candidates for a Cooperative Education program, (ii) enrolling successful candidates in the program, and (iii) matching the candidates to an appropriate cooperative education placement.

2. **CONSENT TO DISCLOSE PERSONAL INFORMATION:** To permit a Cooperative Education placement, it is necessary for St. Benedict Catholic Secondary School to share the names, contact information, work experience, and academic achievements of individuals who are being considered for a Cooperative Education placement with internal and external participating businesses and agencies. By submitting this form you are consenting to St. Benedict Catholic Secondary School sharing the information contained in this application form as required.

Agreement

I understand and agree to the above terms and conditions of application for enrolment in the Cooperative Education Program. I understand that enrolling in a Cooperative Education program will involve substantial time in the community. I am aware that immunization/ tests/precautions are either advised or mandatory for certain placements.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
 (If applicant is under 18 years of age)