



What will you do after high school?  Apprenticeship  University  College  Workplace

What career(s) are you interested in? \_\_\_\_\_

Explain your reasons for choosing Co-op.

### References

Name two teachers who will act as references for you.

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Parent/Guardian Approval

It is a requirement Co-operative Education that students complete this formal application and then take part in an in-school interview. Students will be notified as soon as possible after the interview as to whether or not they have been accepted into the program.

#### Parents/Guardians & Students should be aware that each candidate:

- will be interviewed by the placement supervisor (many positions are competitive)
- is responsible for transportation
- will be expected to adhere to placement health and safety regulations
- must, if required, purchase and wear specialized clothing, and personal protective equipment (safety boots, glasses, gloves, hard hat, etc.)
- may require specific medical tests or vaccinations for some placements
- must attend both in-school classes and the co-op placement as scheduled to earn credit(s)
- must report absences to both the co-op teacher and the placement supervisor
- is expected to represent the school in a positive way that involves meeting all placement expectations
- is covered by either *The Workers' Safety Insurance or Board of Education Insurance* and that additional insurance coverage is available to all students at the beginning of each year should not expect financial remuneration
- must be aware that failure to adhere to the rules or display non-compliant behaviour may result in removal from the program and the loss of credits
- should be able to work independently under supervisors direction
- should be able to take Durham Transit/GO bus independently
- should be able to respond to/report safety issues independently
- will have accommodations from IEP made available to the COOP teacher
- will consent to having IEP information disclosed by COOP teacher to the workplace supervisor as needed

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(under 18)

*\*The information in this application will be used for purposes consistent with the Education Act and the Municipal Freedom of Information and protection of Privacy Act. Some information will need to be disclosed to the employer for the purposes of interviewing students and accepting students in to a program/placement.*