

Holy Trinity Cooperative Education Student Application Form



Student Name: _____	Date of Birth: _____ Age: _____ Day/month/year
Address: _____	Number of days absent semester 1: _____
Town & Postal Code: _____	Parent(s)/Guardian Information: Name(s): A) B) Daytime Phone Numbers: A) B)
Phone Number: _____	
Health Card Number: _____	
Social Insurance Number (optional): _____	
Cooperative Education Placement Request:	For my co-op placement, I would prefer (check all that apply):
First Choice: _____	Semester 1: <input type="checkbox"/> Semester 2: <input type="checkbox"/>
Second Choice: _____	
Suggest any specific placements at which you would like to work: _____ _____ _____ _____	1 credit: <input type="checkbox"/> 2 credits: <input type="checkbox"/> 3 credits: <input type="checkbox"/> 4 credits: <input type="checkbox"/> OYAP (Apprenticeship): <input type="checkbox"/>
List any skills, interests or hobbies which you have that are related to your placement request: _____ _____ _____	Additional Information: Do you ... Have a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> Have use of a vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> Have First Aid qualifications? Yes <input type="checkbox"/> No <input type="checkbox"/> Have C.P.R. qualifications? Yes <input type="checkbox"/> No <input type="checkbox"/> Speak a second language? Yes <input type="checkbox"/> No <input type="checkbox"/> Belong to a sports team? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any contacts with potential Co-op placements: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: Name of firm: _____ Contact: _____ Address: _____ Phone: _____ _____	
Do you presently have a job: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where: _____	
Could this job conflict with potential co-op placements?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
To be completed by Co-op teacher: Submission: ____/____/____ Acceptance: ____/____/____ Subject Link: _____ Credits: _____ Semester: _____ Teacher: _____	

Interest in Co-op

Explain your reasons for choosing Co-op and what you hope to learn through Co-op.

What is your post-secondary goal? Apprenticeship University College Workplace

What is your long-range career/occupation goal?

References

Name two teachers will act as references for you.

1. Name: _____ Signature: _____

2. Name: _____ Signature: _____

Parent/Guardian Approval

Students can earn credits toward their OSSD through Cooperative Education. It is a requirement of Cooperative 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 their interview as to whether or not they have been accepted into the program.

Parents/Guardians & Students should be aware that each candidate for Cooperative Education:

- Will also have an interview with the placement supervisor
- Is responsible for transportation
- Will be expected to adhere to placement health and safety regulations
- May require specific medical tests or vaccinations for some placements
- Must attend both the in-school integration classes and the Co-op placement as scheduled to earn credit(s)
- Is expected to represent the school in a positive way that involves meeting all placement expectations
- Is covered by The Workers' Compensation Act or Board of Education insurance. Additional insurance coverage is available to all students at the beginning of each school year.
- Should not expect financial remuneration upon completion of the work placement agreement.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____