

# COLLINGWOOD COLLEGIATE INSTITUTE CO-OPERATIVE EDUCATION APPLICATION FORM

Last Name:	First Name:	Current Grade:
<b>SPECIALIST HIGH SKILLS MAJOR (SHSM):</b> Please circle type if applicable. Contact the Guidance for more information about the SHSM programs offered at Collingwood Collegiate		
<div style="display: flex; justify-content: space-around;"> <span>Health &amp; Wellness</span> <span>Hospitality and Tourism</span> </div>		

**Instruction:** Please complete this form in full  
**RETURN TO THE CO-OP OFFICE (ROOM 123) BY FRIDAY, MARCH 11<sup>TH</sup>, 2016**  
 Please direct any questions to the Co-op Office (705-445-3161 Ext 41552)

**AREA OF INTEREST:**

Indicate below 3 occupations that would interest you:

(1 = most preferred; 2 = preferred; 3 = alternate)

**\*NOTE:** Some occupations are extremely difficult to secure a placement in. Be sure to choose 2 others as back-up.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Medical*             | <input type="checkbox"/> Food/Restaurant      | <input type="checkbox"/> Advertising         |
| <input type="checkbox"/> Teaching             | <input type="checkbox"/> Veterinarian         | <input type="checkbox"/> Retail              |
| <input type="checkbox"/> Accounting/Financial | <input type="checkbox"/> Daycare / ECE        | <input type="checkbox"/> Fashion             |
| <input type="checkbox"/> Human Resources      | <input type="checkbox"/> Computer Technician* | <input type="checkbox"/> Military*           |
| <input type="checkbox"/> Administrative       | <input type="checkbox"/> Electronic           | <input type="checkbox"/> Electrician*        |
| <input type="checkbox"/> Construction         | <input type="checkbox"/> Athletic/Fitness     | <input type="checkbox"/> Resort Management   |
| <input type="checkbox"/> Automotive           | <input type="checkbox"/> TV/Radio*            | <input type="checkbox"/> Welding*            |
| <input type="checkbox"/> Plumbing*            | <input type="checkbox"/> Esthetics/Hair Salon | <input type="checkbox"/> Small Engine Repair |
| <input type="checkbox"/> Law Enforcement*     |   |  |

Other (if not listed above): \_\_\_\_\_

The following placements have separate applications, interviews and deadlines.  
 Please indicate below and Check with Co-op ASAP!

- |  |   |
|--|---|
| <input type="checkbox"/> Military                | <input type="checkbox"/> Emergency (Fire and Police) Services |
| <input type="checkbox"/> Royal Victoria Hospital | <input type="checkbox"/> Precision Metal Cutting              |
| <input type="checkbox"/> Rogers Television       |   |

If you have already discussed a placement and know the EMPLOYER that you would like a placement with, please fill in the following information:

➤ **Business Name:** \_\_\_\_\_

➤ **Address:** \_\_\_\_\_

➤ **Name of contact at workplace:** \_\_\_\_\_

➤ **Telephone Number:** \_\_\_\_\_

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Students are responsible for their own transportation costs to and from their Co-op placement.

➤ How will you get to work?

PERSONAL VEHICLE \_\_\_\_\_ PUBLIC TRANSIT \_\_\_\_\_ WALK \_\_\_\_\_

## MEDICAL DISCLOSURE

Notice of collection of personal information: In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act (Bill 49) personal information on this form is being collected under the authority of the Education Act, Section 10 and will be used for the purpose of establishing a pupil record.

(Please list any and all medical, drug or other health issues that could affect your performance at a placement.) \_\_\_\_\_

## INSURANCE COVERAGE:

Most students are covered under Workers' Safety & Insurance Board (WSIB) paid for by the Ministry of Education. This coverage is provided for the placement time recorded on the Work Education Agreement (WEA). The WEA must be completed by all parties prior to the placement start date. It is strongly recommended that consideration be given to additional Student Accident Insurance coverage. [www.insuremykids.com](http://www.insuremykids.com)

## SCHOOL REFERENCES:

Please list 2 school references (administrators or teachers). **Please print and have your reference sign below.**

1.	Name:	2.	Name:
	Signature:		Signature:

## APPLICATION APPROVAL AND CONSENT:

I hereby agree to the participation of \_\_\_\_\_ in the Collingwood Collegiate Institute Cooperative Education Program. I acknowledge and understand the requirements including:

- Credit(s) will only be allowed if attendance and all schoolwork are complete and satisfactory.
- Student is to attend their placement as per placement scheduled hours, promptly and with a positive attitude to demonstrate learning. (A complete list of rules and regulations will be provided upon acceptance into the program.)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date