



Durham Continuing Education Summer School
Cooperative Education Placement Information Form (GLN401/8)
(PLEASE Print Clearly)



Must be received by Durham Continuing Education no later than Wednesday June 26, 2019 3:00 pm

Summer School Location (select one)		
<input type="checkbox"/> Maxwell Heights SS (Oshawa)	<input type="checkbox"/> Pickering HS (Ajax)	
<input type="checkbox"/> Sinclair SS (Whitby)	<input type="checkbox"/> Scugog Island First Nation	
Demographics (Basic Student Demographics)		
Name (print clearly)	Date of Birth (dd/mm/yyyy)	Gender (I identify as): <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	Postal Code:
Contact Number(s): Home: _____ Cell: _____	Parent/Guardian #1 (name) _____ Daytime Contact # _____ Parent/Guardian #2 (name) _____	
Email: (print clearly)	Daytime Contact # _____	
Home School:		
The information collected on this application is done under the authority of the Education Act, 1990 and will be used for the purposes of determining suitable candidates for the program, enrolling students in the program, and matching the students to an appropriate cooperative education placement. It is necessary for the Durham DSB to share the names, contact information, and academic achievements of the students with the supervisors at the cooperative education placement. By submitting this application form, you are consenting to the Durham DSB sharing information contained in this application form as required.		
Placement Information (Placements MUST be within Durham Region)		
<i>It is strongly recommended that the student complete research regarding the placement for this course. Discuss placement possibilities with the cooperative education department at your home school, parents, neighbours, and other relatives. The Summer Cooperative Education teacher will contact the placement to ensure a safe, healthy and challenging learning environment and to confirm schedule and placement responsibilities.</i>		
Placement Choice – Name of Company	Name AND Phone Number of Contact Person	
Co-op History		
Do you have a part time job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where do you currently work?	Have you completed a cooperative education program before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where was your placement?	
Why have you decided to participate in the summer school cooperative education program?		
Contact: Summer School Cooperative Education, 905.436.3211 email: michele.reid@ddsb.ca		

Terms and Conditions for Summer School Cooperative Education Program

Summer school cooperative education begins **Tuesday July 2, 2019 at 8:30AM and ends Friday Aug. 2, 2019**

- Students are **not paid** during the cooperative education program.
- Students are responsible for **transportation to and from** the placement.
- Students **attend the placement full days each day**, for a minimum of 8 hours daily or 40 hours weekly.
- Students **must complete the application form** - incomplete forms will not be considered.
- Students will be contacted at his/her home phone number by the cooperative education teacher.
- Students are **required to recruit and secure their placement**. The summer school cooperative education teacher will contact the recruited placement prior to the first day of the placement to confirm suitability. Suggestions for placement opportunities **may** be obtained in consultation with the home school, neighbours, parents and relatives.
- Students will be **required to attend all days for the pre-placement sessions**. Absence may mean that your start date at the placement is delayed or cancelled.
- Students will be required to **complete assignments during the placement component**.
- Placements may request security, character or credit checks prior to final acceptance at the placement.
- The **cooperative education teacher may be required to provide pertinent information** about the student to a perspective placement.
- Students **MUST not drive any motorized vehicles (ATV, forklift, car, truck, boat, etc.)** while attending the placement.
- Students may be **required to wear personal protective equipment** and may be removed from the placement if they fail to comply with the rules.
- Students must **maintain strict confidentiality** regarding matters at the placement.
- Theft, vandalism or crimes are grounds for **termination of the placement** and/or removal from the program with loss of credits and/or possible further action under the law.
- If the supervisor terminates the placement, **you may be asked to leave the program** with the possible loss of credits.
- Students must attend the placement as agreed upon and outlined on the Work Education Agreement.
- Students must **report all absences to the placement AND to the cooperative education teacher** at the beginning of each day, stating the reason for the absence.
- **Medical appointments, family vacations and part time jobs must be scheduled outside of class time.**
- **Credits are earned based on the achievement of expectations** related to *Navigating the Workplace* and attendance for the required amount of time at the placement. All assignments and expectations must be completed by the last date of the program as the cooperative education teacher will not be available after the final date of the program.
- If you have a medical condition that may affect the placement, student must disclose this information to the cooperative education teacher prior to the start of the placement.
- Students **must observe all health and safety regulations at the placement**, and report any health and safety concerns immediately to the cooperative education teacher.
- Students will be **provided with Workplace Safety and Insurance (WSIB)** by the Ministry of Education while attending the cooperative education placement.

I understand that I can be removed from the cooperative education program with loss of credits, if I am unable to meet the program requirements in either the classroom component or the placement component.

I have read the schedule for summer school and am aware of the start and end dates for this accelerated summer school course. I am aware I will earn two credits upon successful completion of the course.

I agree to the above terms as indicated by my signature.

Student Signature:

Date:

I understand that my daughter/son is enrolling in a summer school cooperative education program which will involve substantial time in the community. I understand that my daughter/son must adhere to the above terms.

Parent/Guardian Signature:

Date:

Return the completed application form to the guidance department at your school. Completed forms accompanied by a current student status sheet, should be forwarded by the home school guidance department to Durham Continuing Education to complete the registration process. Fax: 905.436.1780

Contact: Summer School Cooperative Education, 905.436.3211

email: michele.reid@ddsb.ca