

Mackenzie Health

Summer School Cooperative Education Application Package 2015

Name: _____

School: _____

OEN: _____

(9 characters)

SHSM Sector

- Business
- Health and Wellness
- ICT (tentative)

Please include in your application package:

- Application Form completed and signed by the student
- Statement of Understanding completed and signed by the student and parent
- Cover Letter addressed to Anna Daigle
- Resume
- Credit Counselling Summary
- Reference Forms completed and signed by referee

PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING

First Choice: _____

Second Choice: _____

Third Choice: _____

Send applications through Guidance office to:

YCDSB students

Mary Talamo

York Catholic District School Board Catholic Education Centre

320 Bloomington Road West Aurora, On L4G 0M1

Final Deadline: March 13, 2015 (must be at Catholic Education Centre by this date)

**YORK CATHOLIC DISTRICT SCHOOL BOARD
YORK REGION DISTRICT SCHOOL BOARD
MACKENZIE HEALTH SUMMER SCHOOL COOPERATIVE EDUCATION
APPLICATION AND STATEMENT OF UNDERSTANDING Summer 2015**

STUDENT INFORMATION (Please print)

Name: _____

Address: _____

City: _____ **Postal Code:** _____

Phone Numbers: (home) _____ **(cell)** _____

Birth Date: _____ **Age:** _____

year/month/day

School: _____

Emergency Contact:

Name (parent/guardian) _____

Phone: _____

Medical Concerns (which could affect choice of placement): _____

STATEMENT OF UNDERSTANDING

I UNDERSTAND THAT:

- I will be interviewed by the Cooperative Education teacher(s) to be considered for the Coop program.
- I will be interviewed off school grounds, by a supervisor, prior to the start of a placement in order to gain acceptance.
- The Cooperative Education Program requires me to spend considerable time in the community as a Coop student, and as such I will represent the school in a favourable manner.
- I must conform to all Policies and Procedures of the program with respect to the following:
 - attend regularly and punctually both in school and at the placement until the end of the scheduled period as defined by the Work Education Agreement
 - report all absences promptly to supervisor and school at the beginning of each work day and provide reason for the absence
 - make up the required hours missed at the placement
 - complete all required assignments, both in-school and at the placement
 - abide by the Policies and Procedures of my placement
 - maintain strict confidentiality regarding placement matters
 - request permission in writing to the Coop teacher to gain Coop hours outside of the contracted placement hours
 - maintain professional working relations with co-workers
- Most of the tasks that I will be performing as part of my Coop placement are related to the expectations in my related course.
- I should not expect to be paid for my Coop hours.
- I am responsible for transportation to and from the placement. It is the recommendation of the York Catholic District School Board that I use public transit and that if I choose to drive a vehicle to my placement, I must be covered by my own insurance. Appropriate Board forms must be completed if driving or riding in a private vehicle.
- I am responsible for all related school and placement expenses.
- I must declare to the Coop teacher any medical condition which may affect my Coop placement.
- I may be required to have a medical examination and/or provide medical information to meet placement requirements.
- Immunization is required for some placements and I am responsible for this at my own expense. Some placements require a security check, character check, credit check, background check or other pre-placement screening and I may be responsible for this at my own expense.
- Certain placements may require additional specialized application forms and subsequent interviews prior to acceptance.
- I may have to wear prescribed clothing for my placement (e.g. safety equipment, business attire,

nursing smock, lab coat).

- I must have the Work Education Agreement (Workplace Safety and Insurance Board) signed by all parties before beginning work at the placement. It is my responsibility to obtain approval and signatures of all parties before making any changes to agreed upon hours.
- I must observe all health and safety regulations at the placement and contact the placement supervisor and the school immediately in case of accident, even if it does not require medical attention.
- I must be covered by the Ontario Health Plan.
- It is strongly recommended that I purchase Student Accident Insurance.
- I give consent for my Coop teacher to provide all relevant information about me to a prospective supervisor for placement purposes. (IEP will be shared only with parental approval)
- Theft or vandalism is grounds for termination of my Coop placement and/or removal from the Coop program with loss of credits and possible further action under the law.
- I understand that I must provide truthful information to my Coop teacher and supervisor upon request, and that failure to do so may be grounds for termination of my Coop placement and/or removal from the Coop program with loss of credits.
- I must provide my Coop teacher with updated information should there be any changes while I am enrolled in Coop (e.g. change of address, phone, emergency contact information, medical information, mode of transportation).
- I can be removed from the Coop program with loss of credits if I am unable to meet program requirements either in school or at the placement.

I, _____ have read the
(Print Name) Cooperative Education Statement of Understanding and agree to its terms as indicated by my signature below:

(Student Signature) (Date)

I agree that my daughter/son must adhere to the standards outlined in the Cooperative Education Statement of Understanding

(Parent/Guardian Signature) (Date)

This information is collected under the authority of the Education Act and in compliance with Section 14, Section 32 and Subsection 29 (2) of the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the ongoing administration of appropriate Cooperative Education placements.

COOPERATIVE EDUCATION MACKENZIE HEALTH APPLICATION FORM
Summer 2015 SECTION A

TO BE COMPLETED BY STUDENT

All parts of this application form must be completed neatly, accurately and legibly.

Incomplete applications will NOT be considered.

Student's Name:

Student's Home Phone:

School Name:

School Phone:

Emergency Contact:

Emergency Contact Phone:

Career Goals

Grade

Special Accommodations Needed: Yes No

If yes, please specify _____

Specialist High Skills Major Candidate:

Business

Health and Wellness

ICT

LEVEL OF STUDY (pertinent school subjects: e.g. Grade 11, Advanced Biology) Please attach a credit counseling summary.

SECTION B

TO BE COMPLETED BY STUDENT A. On a separate sheet of paper, answer the following questions:

- 1) Why have you requested a placement in a health care facility?
- 2) How will this placement help you with your career choice?
- 3) What can you contribute as a Co-op student in this placement? (Discuss your volunteer work, personal strengths, and prior relevant experience.)
- 4) What research have you done to explore this career pathway (e.g. personal interviews, internet, career centre, guidance counselors)?
- 5) Are there any physical or medical conditions that would restrict your activities at the placement? If YES, please explain.

B. Attach a current resume. (for assistance visit website: <http://waytotonetwork.com/journey/>)

C. Attach 2 references

- 1) teacher who knows you well (i.e. guidance, subject teacher, administrator.)
- 2) one other person of your choice (must not be a peer or family member)

D. Attach a current copy of your Credit Counselling Summary (obtained from your school guidance department.)

E. Attach a cover letter.

STUDENT'S SIGNATURE

**SECTION D
COMPLETED BY A PERSON OF YOUR CHOICE WHO KNOWS YOU WELL
(This should NOT be a peer or family member)**

Student's Name:

Please rate the student on a scale of one (1) to four (4), with FOUR being the highest ranking.

RATING 1 2 3 4 Dependability

Ability to get along with others Ability to plan and initiate own learning

Please indicate below why you think this student should be placed in this Summer Co-op placement.

Name: (Please Print)

Signature:

Title:

Phone Number:

Date:

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