



EXPERIENTIAL LEARNING Co-op Application Form

ACCESSIBILITY:

To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

Program you are applying for:

- Co-op UCEP Accelerated OYAP Community Build
 CCEP Summer Co-op CAPP (Dual Credit)

Student Information:

Name: _____ Date: _____
 Address: _____ City: _____ Postal Code: _____
 Phone: _____ Email Address: _____
 Date of Birth: _____ School: _____ Grade: _____

Which post-secondary pathway are you considering?

- Apprenticeship College University Work

Type of Co-op placement (please list three different choices)

1. _____ 2. _____ 3. _____

Transportation (please indicate the method you plan to use to get to you co-op placement?)

- Car Ride GRT Bus Other: _____

Courses and/or experience you have related to potential co-op placement:

Where do you see yourself after graduation?

What skills and knowledge are you hoping to learn at your placement?



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Do you have other responsibilities (jobs, sports, clubs) that may have an impact on your time commitment at your co-op placement?

List any medical or physical limitations that you feel would be beneficial for an employer to know?

What IEP accommodation(s)/modification(s) would you want to share with your co-op employer that would ensure a successful co-op experience?

★ Applicants must submit two Student Readiness Forms from teachers who have taught or worked with you recently.

NOTE: Co-op students are responsible for placement costs (e.g. transportation, safety equipment). However, costs should not deter students from requesting co-op. Schools will support co-op students with financial concerns.

Applicant's Signature: _____

Acceptance: YES CONDITIONAL – Rationale: _____

INTERVIEW NOTES:

Interviewer's Signature: _____

Disclaimer

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used for the purpose of assessing and determining suitable candidates, enrolling successful candidates in the program, and matching the candidates to an appropriate Cooperative Education placement. Note: It may be necessary to share candidate information with internal and external program partners. Questions regarding the collection of this information should be directed to 519-578-3660 ext. 2300.