



# Application for Work Experience Credit

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Current Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Career Educational Goals

I plan on pursuing a career(s) in the following area(s):

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

## FOR ALL STUDENTS

### Record of Previous Experience

#### A. Part - Time Employment

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Company Name Contact Name

Employer Phone #: \_\_\_\_\_ Date: \_\_\_\_\_ WCB #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

#### B. Volunteer Activities

Community Organization: \_\_\_\_\_

Contact: \_\_\_\_\_ Address: \_\_\_\_\_  
Name

Phone: \_\_\_\_\_ Date(s): \_\_\_\_\_

#### C. Work Experience Placement

I am interested in exploring the following area(s) through a work experience placement.

Is there a specific employer (business/company) that you would be interested in completing work experience with? (Circle one)

YES NO

If yes, who? \_\_\_\_\_

Preferred placement time (circle all applicable):

Semester 1 Semester 2 Holiday/Pro D Days

#### D. Application for 120 hour Work Experience (4 credit "Elective")

I wish to pursue further 120 hour "Elective" Work Experience opportunities (circle one):

YES NO

If yes, the career area(s) that I would be interested in is: \_\_\_\_\_

Parent/Guardian Initial



# Work Experience Parent Consent

To: The Principal of \_\_\_\_\_ Secondary School

### **E. Graduation Transitions (2018 Grad program)**

I understand that all students must successfully complete a minimum of 30 hours of work experience in order to complete Graduation Transition requirements under the new graduation program. I further understand that students may seek work experience credit in a variety of forms such as Volunteer Activities, Student Employment, or a Work Placement. Every effort is made to place students on work experience at a time that does not affect classroom learning; however, if required, I support the school placing my son/daughter on work experience only if his/her attendance and grades warrant missing class time for this off-site educational experience. If class progress does not warrant placement during school hours, I support the school in its efforts to arrange placements at times appropriate to both my son/daughter and a community sponsor.

### **F. Elective Work Experience**

I also understand that 120 hour, Elective Work Experience is a provincially authorized course and that to receive full Grade 12 credit (4 course credits), my son/daughter must successfully complete all learning outcomes connected to the course. These learning outcomes involve not only participation in a placement, but all related activities (i.e. planning, evaluation, & reflective learning) in a timely manner.

### **G. WorkSafe Coverage**

I am aware, that when my son/daughter is placed on a work experience activity, he/she will be covered by the Workers Compensation Act when at a standard work site. I further understand that prior union approval will be obtained where organized labour is involved in these programs and chooses to be notified.

### **H. Parental Support**

I support the work experience activities as requested by my son/daughter on the reverse side of this form and that they complement my son/daughter's Student Learning Plan and/or long and short term goals. *(PLEASE NOTE: The reverse side of this form must be accurately completed by the student prior to parents completing the Consent Form).*

I give my consent for my son/daughter who is 15 years or older to participate in the Work Experience under the 2018 Graduation requirements. As a parent/guardian, I will accept responsibility for transportation to and from the work site. My son/daughter will accept full responsibility for attendance while involved in this educational experience, which will include an initial visit to the work site for the purpose of participating in an interview, safety orientation and having the Work Experience Agreement form signed by the employer.

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*"By my signature below, I signify that I have read, understand and agree to sections A through H of this application form."*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### FOR EMERGENCY USE ONLY (Print Clearly)

Any medical condition(s) we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

I grant permission for the school to provide any necessary information that would affect the safety of my child to the employer.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_