

Co-op Work Experience 12A - Registration Form

Work Experience is a four-credit Grade 12 elective course focusing on career exploration and development. Students complete pre-placement activities then complete 90-hours of a work experience placement. The placement will be at an employer's place of work where the student can job shadow and assist as required.

Student first name		Student last name	
Year		Student email	
Graduation year		Student birthday	YYYY / MM / DD
Why do you want to take WEX?			
Select your areas of interest below			
<input type="checkbox"/> Business and Applied Business <input type="checkbox"/> Fine Arts, Design & Media <input type="checkbox"/> Fitness and Recreation <input type="checkbox"/> Health & Human Services <input type="checkbox"/> Liberal Arts & Humanities <input type="checkbox"/> Science & Applied Science <input type="checkbox"/> Tourism, Hospitality & Foods <input type="checkbox"/> Trades & Technology <input type="checkbox"/> Other:			
What courses have you taken/plan to take that are related to the interests above?			
Which careers interest you?			
Which employers interest you?			
Do you know of an employer that would accept you as a WEX student?	<input type="checkbox"/> Yes <input type="checkbox"/> No Employer name:		

Parent /Guardian Consent: I consent for my daughter/son, who is 15 years of age to participate in Work Experience 12A as arranged by MPSD. Students are responsible for providing their own transportation to the work site. I understand that a formal Work Education Agreement will be presented to me prior to the commencement of any work experience placement.

Parent /Guardian Consent: I, (parent/guardian name) _____, parent/guardian of (student name) _____ give my consent for my child to participate in a WEX placement.

Student Consent: I consent to the release of pertinent information about me as part of the process to arrange an educationally sound and safe WEX placement. Relevant information includes anything that may impact on my safety and security or that of others on the job site. I understand that this information will remain confidential and may be shared only with the employer. In order to participate safely in a placement, the employer needs to know:

1. If the student has any physical and/or mental health concerns.	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. If the student has any personal issues that may affect the placement.	<input type="checkbox"/> No <input type="checkbox"/> Yes

Note: Answering 'yes' to any of the above does NOT immediately rule you out for a placement. If you prefer to discuss this in person or over the phone, please contact your WEX teacher.

Student name		Signature		Date	
Parent/Guardian		Signature		Date	
Teacher name		Signature		Date	