

**COOPERATIVE EDUCATION
HEALTH CARE FACILITY PLACEMENT APPLICATION FORM
Placement: St. Michael's Hospital**

Board Name: _____

Teacher Information:

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 _____ Home Phone _____

E-mail Address _____ Emergency Contact Phone _____

Co-op Teacher _____ Area: North South East West

School Name _____ School Phone _____

Health Care Career Goal _____

Type of Career Choice (*Identify both first and second choices.*)

Career Choice #1 _____

Career Choice #2 _____

Health Care Facility Preferred: (*Identify your choice – see attached list*)

If placement cannot be secured for you at this facility, would you consider another facility?

Yes No

If yes: close to home where a comparable career choice exists

Identify this location _____

Level of Study

Pertinent school subjects (i.e., Grade 11, Advanced Biology)

Completed _____

Presently taking _____

Number of credits completed by start of placement _____

SEMESTER 1 (Sept – Jan) OR SEMESTER 2 (Feb – June) NON-SEMESTERED

Schedule: Full Day ½ day a.m. ½ day p.m.
Other Describe _____

Start date _____ End date _____

What is the in-school day for your school's co-op program? _____

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 counsellors)?
5. Are there any physical or medical conditions that would restrict your activities at the placement?
Yes No If yes, please explain.

B. Attach a current resume.

- C. Attach two references.**
- 1) teacher who knows you well (i.e., guidance, subject teacher, administrator)
 - 2) another teacher or employer or a volunteer supervisor

Student's Signature _____

Student's Name _____

SECTION C
COMPLETED BY A TEACHER WHO KNOWS YOU WELL
(i.e., Guidance or Subject Teacher, Administrator, Coach)

Please rank the student on a scale of one (1) to four (4), with four being the highest ranking:

a) Dependability:

1 2 3 4

b) Ability to get along with others:

1 2 3 4

c) Ability to plan and initiate own learning:

1 2 3 4

In this section, please indicate why you think this student should be placed in this Health Care Co-op placement (taking into consideration her/his success in your subject area).

Name (please print)

Title

Signature

Phone Number

Date

FREEDOM OF INFORMATION

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.

Student's Name _____

SECTION D
COMPLETED BY A TEACHER WHO KNOWS YOU WELL
(i.e., Teacher, Employer, Volunteer Supervisor)

Please rank the student on a scale of one (1) to four (4), with four being the highest ranking:

a) Dependability:

1 2 3 4

b) Ability to get along with others:

1 2 3 4

c) Ability to plan and initiate own learning:

1 2 3 4

In this section, please indicate why you think this student should be placed in this Health Care Co-op placement (taking into consideration her/his success in your subject area).

Name (please print)

Title

Signature

Phone Number

Date

FREEDOM OF INFORMATION

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MANTOUX 2 STEP T.B. TEST (TUBERCULOSIS)

Any student planning to participate in a cooperative education placement in a Health Care Facility must have this T.B. test. The test is required by the Public Hospitals Act.

All students must be tested prior to the onset of the placement.

Please take a form to your doctor for completion.

STEP 1

Date of injection _____

Date read _____

Result _____

STEP 2

Date of injection _____

Date read _____

Result _____

Date _____

Doctor _____