



YORK CATHOLIC DISTRICT SCHOOL BOARD  
**COOPERATIVE EDUCATION**  
**ONTARIO YOUTH APPRENTICESHIP PROGRAM**  
**FOCUS PROGRAM**  
**APPLICATION AND STATEMENT OF UNDERSTANDING**

**STUDENT INFORMATION**

(Please print)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
year/month/day

Social Insurance Number: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Home Room: (room number) \_\_\_\_\_ (teacher) \_\_\_\_\_

Emergency Contact: Name (parent/guardian) \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Concerns (which could affect choice of placement): \_\_\_\_\_

\_\_\_\_\_

**TYPE OF PLACEMENT REQUESTED**

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Preference: Semester 1 OR Semester 2 OR Either 1 or 2

Coop Program Requested:  2 credit  3 credit  
 4 credit  Summer School  
 OYAP Program Trade: \_\_\_\_\_  
 Focus Program Name \_\_\_\_\_

**TEACHER REFERENCES**

(Printed name)

(Signature)

1. \_\_\_\_\_

2. \_\_\_\_\_

## **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.
- Any adjustment to Coop hours to accommodate extra-curricular activities and part-time employment must be cooperatively arranged with my Coop teacher and Coop supervisor.
- 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, 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 should be covered by the Ontario Health Plan.
- ❑ It is strongly recommended that I purchase Student Accident Insurance.
- ❑ My Coop teacher needs to provide relevant information about me to a prospective supervisor for placement purposes. (IEP with 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. If I drop my related in-school course, I must also drop my Coop course.

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.**



YORK CATHOLIC DISTRICT SCHOOL BOARD  
**COOPERATIVE EDUCATION**  
**RIVIERA PARQUE PROGRAM**



**Questionnaire and Paragraph Response**

**Questionnaire**

1. Have you read the brochure that describes The Riviera Parque Focus Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. What extracurricular activities have you participated in at your school?

List Activity: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

3. Are there any hobbies, clubs or activities that you are involved in outside of school? Please give a brief description.

\_\_\_\_\_

\_\_\_\_\_

4. Are you able to arrange your own form of transportation to and from Riviera Parque?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you have any experience in the Food Industry? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How did you become aware of this program?

\_\_\_\_\_

\_\_\_\_\_

7. What courses do you enjoy? \_\_\_\_\_

\_\_\_\_\_

