

Conditions of Participation

1. All Co-op students are under the supervision of the Summer School Principal and the Co-op teacher.
2. Students are responsible for transportation to and from their placements.
3. There will be no expected wage or salary to be paid to the student, except for specified programs.
4. The student must complete the pre-placement and orientation assignments prior to the start of placement.
5. The student must attend both the pre-placement and reflective learning days as scheduled.
6. The student must report any absences to both the Co-op teacher and the training supervisor.
7. Hours missed at the placement will be made up at a time convenient to both the student and the employer.
8. Students are expected to be punctual. Chronic lateness or absenteeism on the job may result in dismissal/removal from the course.
9. The student will complete all necessary forms, assignments, tests, etc. that are given.
10. The student will remain at his/her cooperative education placement for the entire period stated on the Work Education Agreement Form regardless of the student's accumulated hours at his/her placement.
11. The student hereby agrees to a criminal check that an employer may lawfully request and is responsible for any cost incurred.

Workplace Safety Insurance Board (WSIB)

Students participating in Summer Co-op Program are covered by WSIB. Under the Workplace Safety Insurance Act, Cooperative Education students are "deemed" to be employees of the Ministry of Education for coverage, although wages are not paid. The Workplace Safety Insurance Act provides compensation, medical aid, rehabilitation services for Co-op students injured in on-the-job accidents. Students will be covered by Workplace Safety Insurance during the time they spend at the training station under the supervision of the training organization. Students are not covered when working as teacher's aides or when traveling to and from the training station. In the event of injury or accident, it is the responsibility of the student/parent/guardian to notify their Co-op teacher immediately.

Car Insurance

If the placement accepted requires the student to use a personal or family car, I hereby agree that my own car insurance must cover me in case of an accident. I have notified my insurance company of the use of the vehicle for the Co-op placement. ☐ Yes ☐ No

FREEDOM OF INFORMATION

In accordance with section 29(2) of the Municipal Freedom of Information and Protection of Individual Privacy Act, please be advised that the personal information obtained in this application form is collected under the authority of the Education Act, as amended and will be used to assess your eligibility for inclusion in an appropriate Cooperative Education placement. Questions regarding the collection of this information may be directed to the Director of Education: 20 Education Court, Hamilton, ON L9A 0B9 at 905-527-5092. All information will be kept confidential.

"I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE CONDITIONS AND HEREBY AGREE TO THE PARTICIPATION OF MY SON/DAUGHTER/WARD IN THE SUMMER CO-OP PROGRAM OF THE HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD. IN ADDITION, I CONSENT TO HAVE MY SON/DAUGHTER/WARD'S IMAGE/PHOTOGRAPH BE KEPT ON FILE FOR POSSIBLE USE IN PROMOTIONAL AND/OR INFORMATIONAL BROCHURES, POSTERS, NEWSLETTERS, NEWSPAPER ARTICLES, WEB PAGES, OR ADVERTISEMENTS FOR THE HWDSB."

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____