

## Co-op Education Application Package

**To Apply: Complete this package as directed below.** Completed applications must be submitted to the Co-Operative Education teacher at your school. All applications to Hamilton Health Sciences will be coordinated through the board representative.

### **Student Statement of Responsibility** (this page signed)

- **Student Application Form**
- **One reference** - The reference may be written on the form provided or on the individual's company letterhead. The letter must be current. Suggested references:
  - A teacher who knows you well, an employer, a volunteer supervisor or unrelated adult
- **A current resume**
  - **Pre-Placement Immunization Form** – It takes approximately three/four weeks to complete making it necessary to schedule the appointment with the family doctor as soon as possible
  - No student can start a placement before approval of this form

**Incomplete Application Packages will not be considered.**

### **Student Statement of Responsibility**

Hamilton Health Sciences (HHS) is a teaching hospital committed to education and research while providing exemplary care for the sick. (HHS) is associated with McMaster University and Mohawk College. Experiential learning opportunities for high school students fit into the mandate to provide education.

Students who have been accepted for a placement must honour the privilege by assuming the responsibility to uphold the standards and policies of, Hamilton Health Sciences & the Office of Student Education as instructed during the interview, orientation and training and as provided.

When in the placement area, you must:

- Respect confidentiality and privacy of patient information (This is a legal requirement and moral responsibility)
- Take caution to work safely as instructed by staff, in accordance with the Occupational Health and Safety Act, reporting any unsafe situations or equipment and not undertaking any actions without training. Any accident/incident must be reported to your placement manager and your teacher to ensure proper follow up and documentation is complete.
- Maintain infection control practices by washing hands properly and frequently, not entering isolation areas and determining if you are too ill to be in your placement area
- Adhere to the corporate professional image standard, being sure to wear the assigned co-op golf shirt and ID badge at all times.
- Maintain a high code of conduct in speech, appearance and actions,
- Have excellent attendance being punctual and reporting any absences in a timely manner,
- Be motivated to learn, willing to help and pleasant

By signing, the applicant is agreeing to accept the responsibilities of the placement.

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Signature

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Date



# High School Co-operative Education Program Student Application Form

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ SCHOOL E-Mail Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

In care of emergency, contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Co-op Teacher: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Grade level at time of placement:</b>	<b>Average mark:</b>		
<b>AM or PM Placement:</b>			
<b>What are the 4 placements at Hamilton Health Sciences that interest you most:</b>			
<b>1)</b>	<b>2)</b>	<b>3)</b>	<b>4)</b>

Why have you selected these placements? What appeals to you in the placement?  
\_\_\_\_\_  
\_\_\_\_\_

What **past experiences** do you have that would assist in this placement?  
\_\_\_\_\_  
\_\_\_\_\_

Why did you select Hamilton Health Sciences as a potential co-op placement?  
\_\_\_\_\_  
\_\_\_\_\_

List **strengths and weakness** that will help us to work with you to determine a suitable placement:  
\_\_\_\_\_  
\_\_\_\_\_

If selected, what would you like to **accomplish** at your co-op placement?  
\_\_\_\_\_  
\_\_\_\_\_

Hamilton Health Sciences is committed to a **barrier-free recruitment and selection process**.  
Please indicate below if there is any accommodation to the application process :  
\_\_\_\_\_  
\_\_\_\_\_



## High School Co-op Program Reference Letter

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name

Referee: \_\_\_\_\_ Position: \_\_\_\_\_  
Name Employment

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

Relationship to Student: \_\_\_\_\_ Years Known: \_\_\_\_\_

Please select level of relationship:  
 well known       moderately known       somewhat known.

Please give comments regarding the candidate's acceptability for a co-op position. Include information regarding personality, dependability, interpersonal communications skills, and any other pertinent information.

\_\_\_\_\_

Please comment on how well the Applicant exhibits the following characteristics.

\_\_\_\_\_

\_\_\_\_\_

**3 = excellent      2 = good      1 = area for improvement      N/A = not applicable**

Positive Attitude		Dependable/Responsible	
Good communication skills		Shows Initiative	
Respectful		Ability to work well with others	
Ability to manage stress		Compassion towards others	
Comprehension skills		General computer skills	

Signature of Reference: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

The student requesting completion of this reference letter by signature is giving permission to give the information as requested above to be used as part of the application process to become a co-op student at Hamilton Health Sciences. The referee must be over 18 years of age and not a family member.

\_\_\_\_\_  
 Student's Signature Date

**This reference form must be included when submitting the completed application.**