

COOPERATIVE EDUCATION

NEW PLACEMENT INFORMATION



Company Name: _____

Address: _____ City: _____ Postal code: _____

Name of Contact Person(s): _____

Telephone: _____ Fax: _____ E-mail: _____

Co-op Job / Placement Title: _____

Number of Placements Available: _____

Semester 1 (Sept. – Jan.)	<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/> either	<input type="checkbox"/> all-day
Semester 2 (Feb. – June)	<input type="checkbox"/> am	<input type="checkbox"/> pm	<input type="checkbox"/> either	<input type="checkbox"/> all-day
Summer Co-op (July - August):	<input type="checkbox"/> ALL DAY			

Hours (and days) of Work: _____

Will the student be paid a wage or given an honourarium? Yes No

Job Synopsis and Tasks (Observed and/or performed by the Co-op Student):

Job Requirements (Skills, Personal Qualities):

Do you employ apprentices or any certified trades? Yes No

Would you be willing to have students come in for short term (approx. 2 weeks) Work Experience? Yes No

Is it okay for Co-op teachers to contact you directly? Yes No

I'd rather be contacted by the HWDSB Central office Yes No

An OYAP student is any student taking part in Co-op in an "Apprenticeable" occupation

The Hamilton-Wentworth District School Board

Completed forms can be e-mailed to: ngodwald@hwdsb.on.ca or faxed to (289) 674-0409