

OPS (Ontario Public Service) Learn & Work Program

Presented By:

The Hamilton-Wentworth District School Board, Ministry of Education, and Treasury Board Secretariat

The **OPS Learn & Work Program** is intended for students who may be considering returning to school after a period of withdrawal, struggling to complete schooling and graduation goals, or otherwise in need of an opportunity to complete their elective credits to become a graduate. The program design enables students to gain the necessary knowledge, skills, and behaviours they will need to maintain a professional career, while completing a portfolio and making meaningful community connections that will allow the students greater opportunities for a variety of pathways upon graduating, including post-secondary studies, apprenticeships, and entry into the workplace. ***New: students have the opportunity to fulfill requirements of the Non-Profit SHSM through participation in this program!***

Students are required to successfully complete a classroom component (approx. 9:30 a.m. – 1:30 p.m., currently located at **Hill Park Learning Centre**) prior to being considered for a work placement. Students will be paid minimum wage for their time at work placements. Successful students may be invited to return to the program for a second semester, and/or to participate in a summer work term, based on availability.

Proximity to a student's address is considered when making placement decisions, however placements may require significant travel within the City of Hamilton. Transportation may be provided in this event. Students do not get to choose their workplaces, however they do have opportunities to voice their interests and demonstrate applicable skills, which are also taken into consideration.

To be eligible for this unique program, students must:

- be eligible to work in Ontario
- submit all required application information by the due date
- attend two (2) interview sessions: one (1) with the program teacher for admission into the program, and one (1) with the Ministry to obtain a work placement
- be prepared, committed, and eager to participate and to develop employability skills, including improving attendance, work ethic, and transferable skills employers are looking for

Please be advised of the following policies:

1. Selection of students will be based on the suitability of candidates.
2. Students are not guaranteed acceptance to the program by submitting an application.
3. This will be a four (4)-credit, all-day program, consisting of one (1) credit in HIP401, GPP301, or related, and three (3) cooperative education credits. Students may be eligible to complete two (2) semesters and a summer term if they are successful in the first.
4. Students accepted into the program may be required to have a medical assessment (i.e. two-step TB skin test) and a police check (students with a police record can still participate).
5. Students may be required to purchase suitable attire for the cooperative education placement.
6. In accordance with the Municipal Freedom of Information Act, 1989, students/parents will be asked to provide Social Insurance and Health Card information, as well as Birth Certificate OR Passport, and consent to have images/photographs kept on file and used in future promotional/information materials and/or publications by the Hamilton-Wentworth District School Board.
7. Students will work a regular 8 hour shift (some variations) during their work term that would reflect the hours of the workplace. These hours may fall outside of regular school hours.
8. Students will enroll in their home school and be cross enrolled to Glendale.

Please direct questions to Ashley Janzen at ajanzen@hwdsb.on.ca

OPS Learn & Work Program

STUDENT INFORMATION:

Surname: _____ First Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Telephone Number: _____ HWDSB E-mail _____

OEN Number: _____ Birth Date: _____

Total Credits (to date): _____ Social Insurance Number: _____

Does the student have an IEP: Yes No SIP: Yes No

I am applying for: Semester One Semester Two Either semester

Home School: _____

Guidance Counselor's Signature

CONSENT

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 form is collected under the authority of the Education Act as amended. Questions regarding the collection of this information may be directed to the Director of Education: 20 Education Court, Hamilton, Ont. L8N 3L1 at 905-527-5092. All information will be kept confidential.

"I have read and understand all of the above conditions and hereby agree to provide the requested information. In addition, I consent to have my image/photograph kept on file, and used for promotional and/or informational brochures, posters, newsletters, newspaper articles, web pages, videos and advertisements for the HWDSB."

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

APPLICATION PACKAGE **MUST** INCLUDE:

- Student Information Page
- Student Status Sheet
- Current Resume
- Cover letter explaining why they would be a good fit for OPS
- School Reference (references will be contacted)
- IEP/SIP if indicated

APPLICATION DEADLINE: Semester 1 May 15th Semester 2 Dec 1st

Late applications may be considered if space permits.
Guidance Counselors please send the entire completed application package (scanned as a single file) to:

ops@hwdsb.on.ca

**STUDENTS WILL BE CONTACTED BY HWDSB EMAIL ONLY,
SO IT IS IMPORTANT FOR STUDENTS TO CHECK THEIR
ACCOUNTS REGULARLY**

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SCHOOL REFERENCE

Name of Student: _____ School: _____

Name of staff member recommending this student: _____

Course(s) I have taught/involvement I have had with this student: _____

The students accepted into this program will be representing your school, the HWDSB, and themselves in a setting outside of a regular school. Students accepted into the program must have exhibited the maturity and work habits that will enable them to be successful in this program.

Please check off and/or comment on the following items:

N = Needs Improvement **S** = Satisfactory **G** = Good **E** = Excellent

	N	S	G	E	COMMENTS (or more detailed information)
Attendance					
Punctuality					
Works Independently					
Teamwork					
Organization					
Work Habits					
Initiative					

Why do you believe that the student would benefit from the OPS program? What do you believe will be the student's biggest challenge?

Additional Comments:

Referring Staff's Signature: _____ Date: _____