



31 CBG ARMY RESERVE CO-OP

Parent/Guardian and Student Intention Form

Freedom of Information: Pursuant to subsection 29(2) of The Municipal Freedom of Information and Protection of Privacy Act, the personal information collected for the purposes of the Co-operative Education Program is collected under the Education Act, and will be used for the ongoing administration of appropriate Co-operative Education placements.

IMPORTANT INFORMATION:

The Canadian Armed Forces Co-op Program will be held Monday to Friday 0800hrs to 1200hrs during second semester of each year from February to June.

Please complete this Informed Consent form and return to your Co-op teacher.

Once parental/guardian consent has been granted for the student to participate in the Canadian Armed Forces Co-op Program, **ALL** communication regarding intake, testing and acceptance to the program will come directly from the Canadian Armed Forces Recruiting detachment. **It is the student's responsibility to relay this information to their parent/guardians and teachers.**

After completing this intention form, complete the online application found at **www.forces.ca** and apply for the Canadian Armed Forces Co-op Program.

Eligibility: Age 16+ Canadian Citizen/Permanent Resident Grade 10 Completed (15 credits)

School Information

School: _____ Teacher: _____ School Phone: _____

Student Information

Student: _____
Last Name First Name Middle Name

Address: _____
Street City Postal Code

Home Phone: _____ Student Cell Phone: _____

Student E-mail Address: _____

☐ By checking this box. You are agreeing to the release of Third-Party Information under the Privacy Act to your listed Co-Op Teacher Point of Contact, This means that we will copy them on basic correspondence such as:

1. Receiving your online application and your next steps
2. If items are required that are outstanding for your file with out detail. (Will just state there is a request for information.)

Items that will not be shared and remain protected by the Privacy Act are:

1. Personal Medical Results
2. Personal Background Check information.

This will allow the Co-Op Teacher/ Schools/ Students and Army Reserve to have the best possible tracking of Eligible Students through the Process.

Parent/Guardian and Student Acknowledgement and Informed Consent

I have read the Parent/Guardian and Student informed consent information and hereby grant permission for _____ to participate in all aspects of the Co-operative Education Program with the Canadian Armed Forces and understand that, in participating in this placement, we are assuming the responsibility of any accident or Injury that may occur.

Student Signature: _____

Parent/Guardian Signature: _____

Dated: ____/____/____
dd mm yyyy

Electronic Copy to: Hamilton Army Recruiting – hamiltonrec@forces.gc.ca