COOPERATIVE EDUCATION
STUDENT PLACEMENT APPLICATION FORM
SCARBOROUGH HEALTH NETWORK

Board Name:

SECTION A
TO BE COMPLETED BY STUDENT

All parts of this application form must be completed neatly, accurately and legibly.
Incomplete applications will NOT be considered.

Student's Name | Home Phone

E-mail Address | Emergency Contact Phone

School Name | Teacher's Phone

Co-op Teacher | E-mail Address

Placement Position Requested (please check clinical, non-clinical, or no preference)

Clinical area preferred: _____ Non-clinical area: _____ No preference: _____

Please indicate preferred location:

❑ Birchmount Site: 3030 Birchmount Rd (Birchmount, north of Finch Ave)

❑ General Site: 3050 Lawrence Ave East (McCowan Rd & Lawrence Ave E)

❑ Centenary Site: 2867 Ellesmere Rd. (Neilson Rd. & Ellesmere Rd.)

❑ Either location is fine

SEMESTER 1 (Sept – Jan) ❑ SEMESTER 2 (Feb – June) ❑ NON-SEMESTERED ❑

Schedule: Full Day ❑ _____ (Hours) ½ day a.m. ❑ _____ (Hours) ½ day p.m. ❑ _____ (Hours)

Other ❑ Describe

Start date End date

What is the in-school day for your school's co-op program?

SECTION B
TO BE COMPLETED BY STUDENT

A. **Please answer the following questions:**

1. Why have you requested a placement in a health care facility?

   _____
   _____
   _____
   _____

2. How will this placement help you with your career choice?

   _____
   _____
   _____
   _____

3. What can you contribute as a Co-op Student in this placement? (Discuss your volunteer work, personal strengths, and prior relevant experience.)

   _____
   _____
   _____
   _____

4. What research have you done to explore this career pathway (e.g., personal interviews, internet, career centre, guidance counsellors)?

   _____
   _____
   _____
   _____

B. **Attach a current resume and cover letter.**

C. Attach two references. 1) teacher who knows you well (guidance, subject teacher, administrator)
2) another teacher or employer or a volunteer supervisor

Student's Signature

Student's Name: _____

SECTION C
COMPLETED BY A TEACHER WHO KNOWS YOU WELL
(i.e., Guidance or Subject Teacher, Administrator, Coach)

Please rank the student on a scale of one (1) to four (4), with four being the highest ranking:

a) Dependability:

1 2 3 4

b) Ability to get along with others:

1 2 3 4

c) Ability to plan and initiate own learning:

1 2 3 4

In this section, please indicate why you think this student should be placed in this Health Care Co-op placement (taking into consideration her/his success in your subject area).

Name (please print) Title

Signature Phone Number

Date

FREEDOM OF INFORMATION

This information is collected under the authority of the Education Act and in compliance with Section 14, Section 32 and Subsection 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the ongoing administration of appropriate Cooperative Education placements.

Student' Name

SECTION D
COMPLETED BY A TEACHER WHO KNOWS YOU WELL
(i.e., Teacher, Employer, Volunteer Supervisor)

Please rank the student on a scale of one (1) to four (4), with four being the highest ranking:

a) Dependability:

1 2 3 4

b) Ability to get along with others:

1 2 3 4

c) Ability to plan and initiate own learning:

1 2 3 4

In this section, please indicate why you think this student should be placed in this Health Care Co-op placement (taking into consideration her/his success in your subject area).

Name (please print) Title

Signature Phone Number

Date

FREEDOM OF INFORMATION

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