



**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?

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

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

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

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**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

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