



In addition to school based cooperative education programs, TDSB offers central cooperative education programs in a variety of careers. To learn more about the program requirements and submit an Expression of Interest please contact your school cooperative education teacher or guidance counsellor.

## **WORK EDUCATION PROGRAM RULES AND RESPONSIBILITIES:**

### **PROGRAM:**

- I understand that I will be interviewed by a TDSB cooperative education teacher to discuss available placement options.
- I understand that I represent the school when I am in the community as a cooperative education student.
- I may be photographed, interviewed, or videotaped during my cooperative education placement. I understand that photographs, videos and other images of me may be used for purpose of editorial, trade, display or exhibition including the work placement publications and advertising of the cooperative education placement. My parent/guardian must provide consent prior to any photographs, videos and other images being taken, used and published by my work placement. If consent is not provided I will notify my placement supervisor and cooperative education teacher before I commence my work placement.

### **PLACEMENT:**

- I understand that the Board Code of Conduct (Operational Procedure PR585) is applicable to my work at my cooperative education placement.
- I understand that I (will/may) be required to attend an interview/assessment before being offered a placement, and that I will travel independently to this location.
- I understand that I may be required to attend assessments and/or safety training sessions at a location other than the school or work placement, and that I will travel independently to these locations.
- Security, character or credit checks, or other pre-placement screening may be required at my own expense before a work placement can be offered to me.
- Additional specialized application forms and subsequent interviews may be required before a placement is offered to me.
- TDSB cooperative education teacher may need to provide pertinent information about me, including relevant personal information to a prospective placement supervisor for assessment or work placement purposes.
- I understand that I may have to travel long distances to my work placement site(s). I am responsible for transportation to and from the work placement site(s); it is the recommendation of the school that I use public transit. If I choose to drive a vehicle to a work placement site, I must be covered by my own auto insurance.
- I should not be required to drive as part of my work placement duties. If I am asked to drive as part of my work placement duties, I must consult with my cooperative education teacher and ensure that the "*Student Driving At Placement*" form is completed.
- I may be required to wear prescribed clothing (e.g., personal protective equipment, business attire, uniform) at my own expense.

- I must abide by the rules and regulations of my work placement, including the use of technology and communication protocol.
- I must maintain strict confidentiality regarding the work placement matters. I understand that all information concerning the work placement obtained by a student during their participation in cooperative education placements (and not available in the public domain) is strictly confidential (“Confidential Information”). No student should at any time, whether before or after the termination of the cooperative education placement, disclose or use any Confidential Information without the prior written consent of the placement.
- I must maintain professional working relationships with my co-workers.
- I should not expect payment for my cooperative education term.
- The work I will be performing as part of my work placement is based on the expectations of the related course(s) or cooperative education course.
- I may be removed from my work placement at the discretion of my cooperative education teacher and/or work placement supervisor. I may or may not be given another work placement.
- If my placement supervisor terminates my work placement, I will work with the cooperative education teacher to secure an alternative placement.

#### **ATTENDANCE:**

- I must work the hours specified on the Ministry of Education Work Education Agreement (“WEA”) form. I understand that any change(s) to the form must be agreed to by all parties involved in providing the work placement.
- I must report all absences with reasons, to both my placement supervisor and cooperative education teacher at the beginning of or before each work day.
- I will try to schedule personal appointments, when possible, outside of work placement hours, so they do not interfere with either the work placement hours or the classroom component.
- Any adjustment to work placement hours must be arranged with both my cooperative education teacher and work placement supervisor.

#### **MEDICAL INFORMATION:**

- I will consult with my cooperative education teacher regarding any conditions (e.g., medical) which may require additional support for success in my cooperative education placement.
- I may be required to have a medical examination and/or provide medical information for work placement purposes.
- I understand that immunizations are advised/mandatory for some work placements, and that I am responsible for immunizations at my own expense.

#### **HEALTH and SAFETY:**

- I must have the WEA form completed and signed by all parties involved in providing the work placement prior to starting the work placement component;
- I understand that workplace safety and insurance (“WSIB”) coverage for students participating in experiential learning programs is provided by the Ministry of Education under the *Workplace Safety and Insurance Act, 1997* or by TDSB’s insurance while working during the work placement hours as specified on the WEA form. I am not covered for the time I leave the premises of my work placement during my lunch or while travelling to and from my work placement. NOTE: *Paid work placements*: If the

placement host does pay wages to the student, the placement host is considered to be the employer for WSIB purposes and is responsible for providing WSIB coverage to the students unless exempted by law.

- I must observe all health and safety regulations of my work placement, contact my cooperative education teacher regarding any health and/or safety concerns, and report any accidents immediately to my placement supervisor and cooperative education teacher. I understand that I have the right to refuse unsafe work at my work placement.
- I understand that I can be removed from my placement if I am unable to meet my work placement requirements.

## FREEDOM OF INFORMATION

- 1. NOTICE OF COLLECTION AND USE OF PERSONAL INFORMATION.** Personal information on this form and other forms relating to the Toronto District School Board (“**TDSB**”) experiential learning programs is collected under the authority of sections 58.5(1), 169.1-173 of the *Education Act*, R.S.O. 1990, c.E.2 (the “*Education Act*”), sections 19(7) and 20 of Regulation 298: Operation of Schools - General under the Education Act and will be used TDSB to offer cooperative education, work experience and experiential learning opportunities, placements, programs and training within the community. The information is retained in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M. 56 and will be disclosed to authorized TDSB, school and placement staff in order to administer the above purposes. Questions regarding this collection should be directed to TDSB Program Coordinator, TDSB Experiential Learning Department, at 140 Borough Drive, Scarborough, Ontario M1P 4N6, or at 416 397-3000.
- 2. CONSENT TO DISCLOSE PERSONAL INFORMATION:** To permit a cooperative education placement, it is necessary for Toronto District School Board to share some limited student information, such as the student names, contact information, work experience, academic achievement and learning needs of students, who are being considered for a cooperative education placement, with internal and external participating businesses and placement agencies and hosts. By submitting this form, you are consenting to TDSB sharing your personal information contained in this application form as required.

## AGREEMENT:

**I understand and agree** to the above terms and conditions of application for enrolment in the cooperative education program. **I understand** that enrolling in a cooperative education program will involve substantial time in the community. **I am aware** that immunizations/tests/precautions are either advised or mandatory for certain work placements.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student is under 18 years of age)