



## Central Technical School



### **Application Process for 1 Year OYAP Programs**

#### **Auto Service, Carpentry, Cook, Electrical, Plumbing, Cosmetology**

1. Fill out the standard TDSB Coop application form which follows this instruction page.
2. In addition to the form also submit the following:
  - ✓ Resume and cover letter
  - ✓ Current school transcript or credit counseling summary from your last school
  - ✓ Attendance profile from your last school(if applicable)

There are three options for submitting applications but personal delivery is the most reliable.

Send or email applications and documents to Jennifer Alves:

- Bring in person to guidance office Rm. #205 at Central Technical School
- Mail to Central Technical School - 725 Bathurst St. Toronto, ON, M5S 2R5

3. Once we receive the application we will contact you to set up an interview. Date, time of interview as well as the room number will be given at this time.
4. Bring two references with names and up to date phone numbers.

**Inquiries:**

**[Jennifer.Alves@tdsb.on.ca](mailto:Jennifer.Alves@tdsb.on.ca)**

**Phone 416 393-0060 ex 20071**

# TORONTO DISTRICT SCHOOL BOARD COOPERATIVE EDUCATION APPLICATION

**Please return this completed application immediately.**

Including the following: ☐ Resume ☐ Reference Form(s) ☐ Credit Counselling Summary

## STUDENT INFORMATION

|                                                                         |                    |                                          |                                            |
|-------------------------------------------------------------------------|--------------------|------------------------------------------|--------------------------------------------|
| NAME (Surname) (First)                                                  |                    |                                          | STUDENT NO.                                |
| STREET ADDRESS                                                          |                    | APT.                                     | PHONE NO.<br>Home (     )<br>Other (     ) |
| CITY                                                                    | POSTAL CODE        | CLOSEST MAJOR INTERSECTION               | E-MAIL ADDRESS                             |
| GENDER<br>Male <input type="checkbox"/> Female <input type="checkbox"/> | AGE (as of Sept 1) | BIRTHDATE<br>_____<br>Year / Month / Day | HEALTH CARD NUMBER                         |
| SCHOOL                                                                  |                    |                                          | HOME FORM                                  |
| HOME FORM TEACHER                                                       |                    | STUDENT SERVICES COUNSELLOR              |                                            |

## EMERGENCY CONTACT

|                                         |                   |
|-----------------------------------------|-------------------|
| NAME (parent/guardian)                  | NAME OF DOCTOR    |
| PLACE OF WORK                           | ADDRESS           |
| PHONE NO. Home (     )<br>Other (     ) | PHONE NO. (     ) |

## PROGRAM INFORMATION

|                                                                                                                                                    |      |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------|
| Have you taken Cooperative Education before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what co-op credits did you earn?     |      |           |
| At (name of school)                                                                                                                                | Date | Placement |
| Do you have any medical condition(s) that would affect your placement? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, explain |      |           |

## COOPERATIVE EDUCATION PROGRAM INFORMATION Please check ( / ) as applicable to your choices and the schedule of your school.

|                                                                                      |                                                |                                                                                                             |
|--------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Full year <input type="checkbox"/>                                                   | Semester 1 <input type="checkbox"/>            | Semester 2 <input type="checkbox"/>                                                                         |
| Would the opposite semester to your choice be possible if the change were necessary? |                                                | Yes <input type="checkbox"/> No (reason) <input type="checkbox"/>                                           |
| NUMBER OF CREDITS (depends on # offered in school)                                   |                                                | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| PLACEMENT REQUESTED (Health Care, Business, etc.)<br>1 <sup>st</sup> Choice:         | PLACEMENT REQUESTED<br>2 <sup>nd</sup> Choice: |                                                                                                             |
| Central Program applied for: _____<br>(if applicable) (police, fire, OYAP) etc.      |                                                |                                                                                                             |

## RULES AND RESPONSIBILITIES

### PROGRAM

- I must be interviewed by the Cooperative Education teacher before being accepted;
- I must represent the school in a favourable manner in the community as a Cooperative Education student;
- I must communicate in a positive manner with my Cooperative Education teacher, supervisor and fellow students;
- I must satisfactorily complete school and workplace assignments;
- I may have photographs taken that will be used for promotional purposes (e.g., brochure, website).

### PLACEMENT

- I understand that I (will/may) be required to attend an interview at the workplace before being accepted for a placement and that I will travel independently to this location;
- Security, character or credit checks, or other pre-placement screening at my own expense may be required before a placement can be secured;
- Additional specialized application forms and subsequent interviews may be required prior to acceptance;
- The Cooperative Education teacher may need to provide pertinent information about me, my ability or situation to a prospective supervisor for placement purposes;
- I may have to travel long distances. I am responsible for transportation to and from the work site; it is the recommendation of the school that I use public transit. If I choose to drive a vehicle to work, I must be covered by my own insurance;
- I should not drive at my placement as part of my placement duties – if I am asked to drive, I must consult with my Co-op teacher and ensure that the “Student Driving At Placement” form is completed;
- I may have 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 the placement including the use of technology and communication protocol;
- I must maintain strict confidentiality regarding workplace matters;
- I must maintain professional working relationships with co-workers;
- I should not expect payment for my work term;
- The work I will be performing as part of my placement is based on the expectations of the related course(s);
- Theft, vandalism or crime are grounds for termination of my placement and/or removal from the Cooperative Education program with loss of credits and/or possible further action under the law;
- I may be removed from my placement at the discretion of my Cooperative Education teacher and/or workplace supervisor; I may or may not be given another placement;
- If my supervisor terminates my placement, I may be asked to leave the program with possible loss of credits.

### ATTENDANCE

- I must work the hours specified on the Work Education Agreement (WEA) form; any change must be according to prior written amendment signed by all parties;
- I must report all absences with reasons, to both the supervisor and Cooperative Education teacher at the beginning of each work day;
- I must attend regularly and be punctual both in the classroom component and in the workplace until the end of program as timetabled;
- I must schedule personal appointments so they do not interfere with either the placement or the classroom component;
- My placement takes priority over part-time employment, and any adjustment to working hours must be arranged with both my Cooperative Education teacher and workplace supervisor;
- I will be withdrawn from the program if I quit the placement without consulting my Cooperative Education teacher.

### MEDICAL INFORMATION

- I must declare to the Cooperative Education teacher any medical condition which may affect my Cooperative Education placement;
- I may be required to have a medical examination and/or provide medical information for placement purposes;
- I understand that precautions are necessary, immunization is advised/mandatory for some placements, and that I am responsible for this at my own expense.

### HEALTH and SAFETY

- I must have the Work Education Agreement (WEA) signed by all parties before beginning work at the placement;
- I will be covered by the Workplace Safety and Insurance Act, by the Ministry of Education or by School Board insurance while working during the time specified on the Work Education Agreement (WEA) form; students who are paid must be covered by their employer unless exempted by law. I am not covered for the time I leave the premises of my placement during my lunch hour or while travelling to and from my placement;
- I must observe all health and safety regulations on the job, contact my Cooperative Education teacher regarding any health and safety concerns, and report any accidents immediately to my supervisor and Cooperative Education teacher. I understand that I have the right to refuse unsafe work at my placement.

**I understand that I can be removed from the Cooperative Education program with loss of credits if I am unable to meet program requirements in either the classroom component or on the job.**

### FREEDOM OF INFORMATION

**1. COLLECTION OF PERSONAL INFORMATION:** Personal information is collected under the authority of s. 265(1)(d) of the *Education Act*, and pursuant to sections 28(2) of the *Municipal Freedom of Information and Protection of Privacy Act*. The information collected on this application will be used for (i) the purposes of assessing and determining suitable candidates for a Cooperative Education program, (ii) enrolling successful candidates in the program, and (iii) matching the candidates to an appropriate cooperative education placement. For further information contact: Program Coordinator, Experiential Learning Department, 140 Borough Drive, Scarborough, ON M1P 4N6. Telephone: 416 397-3000.

**2. CONSENT TO DISCLOSE PERSONAL INFORMATION:** To permit a Cooperative Education placement, it is necessary for the Toronto District School Board to share the names, contact information, work experience, and academic achievements of individuals who are being considered for a Cooperative Education placement with internal and external participating businesses and agencies. By submitting this form you are consenting to the Toronto District School Board sharing the 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 immunization/tests/precautions are either advised or mandatory for certain placements.

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

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