

Student Name: _____

Co-op Teacher: _____

Statement of Understanding

I understand the following:

Basic Responsibilities

The Co-operative Education Program requires me to spend a considerable amount of time working in the community as a Co-op student, and as such:

- I will represent the school in a favourable manner.
- I will follow **all** school rules while at the placement.
- I must observe all health and safety regulations on the job.
- I must wear prescribed clothing for my placement such as safety equipment, business attire, etc., the cost of which is my responsibility.

Rules of the Program

I must conform to all rules of the program with respect to the following:

- Attend punctually both in school and on the job.
- Work **ONLY** the hours indicated on the Work Education Agreement.
- For any changes to the Work Education Agreement, an Amendment Form must be completed and signed by all parties.
- If your Work Education Agreement is NOT completed, signed and handed in to your Co-op teacher by your first full day at your placement, you CANNOT start your placement.
- Complete ALL assignments both in school and on the job.
- Advise my Co-op teacher immediately of concerns on the job.
- Maintain only professional working relations with co-workers.
- Maintain confidentiality regarding workplace matters.
- Communicate absences to BOTH the employer and Co-op teacher.
- Co-op students are responsible for transportation to and from the workplace. If I drive a car to work, I will be covered by my own insurance. I will only drive on the job if this is allowed by my job training plan, it is indicated on my PPLP and a Statement of Automobile Insurance is completed and signed.

Release of Information Requirements

- I may have to undergo a medical examination or security check before being considered for certain Co-op positions.
- I am responsible for the cost of any immunizations, tests or security checks required by my placement.
- I must inform my Co-op teacher and my supervisor of medical conditions that may affect my Co-op placement.
- I understand pictures of me may be taken for newsletters, promotions, co-op breakfast etc.

Weekly Logs

- Log sheets **MUST** be completed **each week** documenting your Co-op work.
- Log sheets **MUST** be submitted **weekly**.
- If I am behind **two weeks** on my log sheets, I will be removed from my Co-op placement.

Summary

I will be removed from the Co-operative Education Program, if I am unable to meet the program requirements.

Student Signature: _____

Date: _____

Parent Signature (if under 18): _____

Date: _____