

RESPONSIBILITIES OF PARTICIPANTS

Responsibilities of the STUDENT:

- Complete and sign the DSBN Cooperative Education Student Handbook BEFORE starting ANY activities at the work site.
- Participate in the development of the Personalized Placement Safety Plan (PPSP) and the Personalized Placement Learning Plan (PPLP).
- Follow all rules, regulations and policies of both the employer and the District School Board of Niagara related to dress, health and safety, attendance and work schedule. In the event of absence caused by illness or emergency, student must inform the placement supervisor AND Cooperative Education teacher as early as possible.
- Work in an appropriate manner, exhibiting good work ethic, initiative and citizenship.
- Make the employer aware of any special health issues that might impact on your specific placement (e.g. medication requirements, allergies, or other conditions).
- Attend all integration sessions organized by the school.
- Follow all safety procedures and wear personal protective equipment as required. Report any workplace accident immediately to the supervisor/employer and the Cooperative Education teacher.
- In all cases of injury, promptly obtain first aid and notify the placement supervisor AND Cooperative Education teacher immediately, even if it is a minor injury. Where medical attention is required, explain to the doctor that this may be a WSIB claim and identify one's self as an employee of the Ministry of Education.
- Inform the Cooperative Education teacher (in advance) and complete the DSBN Additional Hours form if the work schedule is different than what is shown on the Work Education Agreement form.

Responsibilities of the EMPLOYER / PLACEMENT:

- Participate in a Pre-Placement Assessment with the Cooperative Education teacher.
- Read all Employer/Placement Responsibilities, Accident Reporting Procedures, Risk Management Responsibilities and Program Policies outlined in this handbook. Speak to Cooperative Education teacher for clarification or with questions.
- Interview the student to make sure the placement is appropriate and meets the needs of both the student and the employer.
- Meet with the student to jointly complete the Personalized Placement Safety Plan (PPSP), found in this handbook, BEFORE the first day of the work placement and ensure that the appropriate signatures are in place.
- Provide the student with instruction in specific workplace health, safety and confidentiality practices. Acquaint the student with workplace safety hazards, regulations and procedures and provide safety training prior to the use of any equipment.
- Designate an employee to be responsible for the student's training and supervision.
- Assist the student and Cooperative Education teacher in developing a meaningful Personalized Placement Learning Plan (PPLP) which accurately describes the skills and knowledge to be gained by the student at the work site. Provide training and experiences as outlined in the PPLP.
- Provide a variety of learning experiences that will help the student make informed career decisions.
- Discuss both the student's performance and progress with the Cooperative Education teacher on a regular basis.
- Sign the weekly log sheets. Complete and return the evaluation sheets as required by the program/school.
- Contact the school immediately if there are any concerns related to attendance, student performance, workplace injury, etc.

Additional Notes:

- Placements will be monitored by the Cooperative Education teacher as required by Ministry guidelines.
- Students are responsible for making their own transportation arrangements to and from the work site.
- The Personalized Placement Learning Plan (PPLP) should not be changed, interrupted or terminated without prior consultation between the student, employer and Cooperative Education teacher. However, the employer has the right to terminate the contract with the student and the school at any time.
- In cases where there is a concern about the transmission of infectious diseases, the employer has the right to require testing or vaccination as a condition of placement.
- Where warranted, due to the nature of work carried out in a placement facility, the employer may require as a condition of placement that the student submit:
 - a Police Waiver prior to the first day of placement;
 - the Clearance Certificate, upon its receipt.

ACCIDENT REPORTING PROCESS

Employers must IMMEDIATELY inform the Cooperative Education teacher if a student is injured at the work site, regardless of the severity.

Over holidays, or in the event that the co-op teacher cannot be reached, employers must contact Michael Langlois, DSBN Health and Safety Officer, at (905) 641-2929 ext. 54304, or cell phone (905) 327-8624.

Teachers must IMMEDIATELY complete the Co-op Student Accident Report. Teachers will retain a copy of the form and forward the original, along with the **Work Education Agreement** form to the Disability Management Specialist at the Education Centre (phone number 905-641-2929 ext. 54270, fax number 905-641-9223) in accordance with WSIB legislation.

Teachers must IMMEDIATELY report critical injuries to Michael Langlois, DSBN Health and Safety Officer, at (905) 641-2929 ext. 54304, or cell phone (905) 327-8624, who will notify the Ministry of Labour.

Teachers must IMMEDIATELY inform the school Principal of the situation.

Disability Management Specialist will complete the required WSIB information and forward the necessary documentation to WSIB and the Ministry of Education. A copy of these documents will be kept on file.

Principals: in event that the Health and Safety Officer cannot be reached, the Principal **MUST** contact the **Ministry of Labour IMMEDIATELY at 1-877-202-0008.**

WHEN A STUDENT REQUIRES FIRST AID

- Student:**
- Informs the work site supervisor immediately.
 - Receives first aid.
 - Informs the co-op teacher on that day.
- Teacher:**
- Completes the Co-op Student Accident Report.
 - Retains one copy.
 - Forwards the original to the Disability Management Specialist at the Education Centre.
 - Sends a copy of the Work Education Agreement form to the Disability Management Specialist.

Disability Management Specialist: retains the original accident report on file.

ALWAYS WORK SAFE! Visit the Ontario Ministry of Labour's Website for Young Workers at:
www.worksmartontario.gov.on.ca

RISK MANAGEMENT

Employer Responsibilities:

- Sign the Work Education Agreement BEFORE the first day of the work placement to ensure that the student has WSIB coverage.
- Sign and assist the student with the completion of the Personalized Placement Safety Plan (PPSP) found in the DSBN Co-op Student Handbook BEFORE the first day of the work placement.
- Train and supervise the student at the work site.
- Under the Occupational Health and Safety Act, employers are responsible for maintaining a safe work environment and providing work site specific training when they agree to accept experiential learning students.
- Inform the teacher immediately if the student receives an injury at the work site, regardless of the severity.
- Inform the Ministry of Labour and teacher if the student receives an injury that is critical as prescribed under the Occupational Health and Safety Act (see below for the definition of a critical injury).

Student Responsibilities:

- Acquire a SIN (social insurance number). A student's SIN may be required for accident reporting procedures.
- **In the event of ANY student injury at the work site, students are to report the injury IMMEDIATELY to their placement supervisor and to their co-op teacher. Students are NOT to leave a message on voice mail. In the event that their co-op teachers is unavailable, students MUST speak directly to another co-op teacher, secretary or administrator.**
- **In the event that a teacher, secretary or administrator is not available, students MUST call the DSBN Health and Safety Officer at (905) 641-2929 ext. 54304, or cell phone (905) 327-8624.**
- If a student is working during any holiday, P.A. day, etc. and an accident occurs, they must inform their supervisor and follow the instructions provided by their co-op teacher. Students MUST also complete and have signed and on file in the school the Adjustment to Hours form prior to attending the work site.

Student Accident Insurance

Students are encouraged to purchase personal insurance through the carrier contracted by the school board at the beginning of every school year. Student Accident Insurance protects students in the event of accidental injury while at school or on a work experience project.

DEFINITION OF A CRITICAL INJURY

Ontario Regulation 834 (under the Occupational Health and Safety Act) defines a critical injury to any person as:

"An injury of a serious nature that:

- | | | |
|--|---|---|
| a) places life in jeopardy, | d) involves the fracture of a leg or arm but not a finger or toe, | f) consists of burns to a major portion of the body, or |
| b) produces unconsciousness, | e) involves the amputation of a leg, arm, hand or foot but not a finger or toe, | g) causes the loss of sight in an eye. |
| c) results in substantial loss of blood, | | |

WORKPLACE SAFETY INSURANCE BOARD (WSIB)

Coverage is provided under the Workplace Safety & Insurance Act through the Ministry of Education for Cooperative Education students during the time they spend at the placement. Students are NOT covered by WSIB for classroom or shop work in the school, when working as teachers' aides, or when travelling to and from the placement. **NOTE:** the **Work Education Agreement (WEA)** form must be signed by all parties prior to the time the student starts at the work site for the insurance to be valid.

WSIB coverage is NOT provided to students involved in other work experience programs (eg. "Take Our Kids to Work" or job shadowing).

If an employer involves a student in work or activities outside of the program (ie. NOT designated in the WEA), WSIB coverage is NOT extended. These activities are not considered part of the Cooperative Education program.

Experiential Learning activities primarily focus on learning. Therefore, the District School Board of Niagara does not encourage paid Cooperative Education experiences. We recognize that special circumstances may arise where it is beneficial for all parties to enter into a paid co-op situation. Once a student receives an hourly wage or salary, WSIB coverage is the responsibility of the employer. Please note that it is the PRINCIPAL'S responsibility to determine the appropriateness of a "paid co-op placement" for a student in accordance with the criteria and procedures established in the DSBN policy.

For further clarification on student coverage and who is responsible for paying the WSIB premiums for students, please contact the DSBN Disability Management Specialist at (905) 641-2929 ext. 54270.

DRIVING

Students on co-op or other work experiences should NOT be allowed to drive vehicles. It is the policy of the District School Board of Niagara that all students who use their own vehicles or the vehicles of others to provide transportation in connection with the co-op placement **DO SO AT THEIR OWN RISK, INDEPENDENT OF THE BOARD OF EDUCATION.**

When driving is a component of the learning experience on the job, the employer MUST assume liability and, therefore, responsibility for ensuring that adequate insurance is in place for the company or customer vehicle/equipment and/or property used by the student. Requests to have students driving on placement business MUST be outlined in the student's Personalized Placement Learning Plan (PPLP) and Personalized Placement Safety Plan (PPSP).

If a student drives his/her own vehicle on company-related business where driving is considered a component of the learning experience on the job (as is specified in the PPLP/PPSP), then the primary insurer is the student's OWN insurance.

DSBN SEXUAL HARASSMENT / WORKPLACE VIOLENCE AND HARASSMENT POLICIES

The District School Board of Niagara is committed to the belief that all employees and students have the right to work and learn in an environment that is free from any form of sexual harassment. This belief is reinforced by the Board's Discipline Policy and by student codes of behaviour established by each secondary school. The intention is to encourage students to treat each other with mutual respect. Employees and students need to be aware of what constitutes sexual harassment and that sexual harassment will not be tolerated. All employees and students shall have the right to lodge a complaint of sexual harassment without fear of threat or reprisal.

Employees and students 16 years of age and older may initiate a complaint under the DSBN Sexual Harassment Administrative Procedure and Sexual Harassment Complaint Procedure Guide. Students under 16 year of age may lodge a complaint with the school Principal, Vice Principal, or trusted staff member who will review the case in light of the disciplinary code of conduct and Family and Children's Services Protocol. School board personnel, under the Child and Family Services Act, are required to report to Family and Children's Services any time they have "reasonable grounds to suspect" that a student under 16 years has, or is suffering from sexual harassment.

The Occupational Health and Safety Act (OHSA) has been amended to require worker protection from violence and harassment in the workplace. This imposes new and express obligations on employers to develop workplace violence and harassment programs. The amendments to the OHSA require the violence and harassment program to include measures and procedures to control the risks identified in the required violence risk assessment; for summoning immediate assistance when workplace violence occurs, or is likely to occur; for workers to report incidents to the employer or supervisor; as well as the process the employer will utilize to investigate and deal with incidents or complaints of workplace violence or harassment.

The employer is expected to take all reasonable precautions necessary to protect its workers and co-op students within their placement. All incidents of workplace violence or harassment against a co-op student must be communicated to the co-op teacher immediately by the employer/placement and/or the student.

Please print. See reverse for further details / En lettres moulées S.V.P. Voir au verso pour plus de détails.

The information on this form will be used to maintain the employment record of the training participant and is collected under the authority of the Workplace Safety and Insurance Act, 1997, c.16, s.21, 22; and the Education Act, R.S.O. 1990, c. E.2, s.8 and s.8.1. Because the Ministry of Education covers the cost of Workplace Safety and Insurance Board coverage for students 14 years of age or older, the Ministry and School Boards may use this information to verify the legitimacy of claims. Inquiries regarding this form should be directed to an Education Officer at the Ministry of Education, telephone 416 325-2547.

Les renseignements contenus dans ce formulaire serviront à tenir à jour le relevé d'emploi de la personne recevant une formation. Ils sont recueillis en vertu des articles 21 et 22 de la Loi de 1997 sur la sécurité professionnelle et l'assurance contre les accidents du travail, chap. 16, et des articles 8 et 8.1 de la Loi sur l'éducation, L.R.O. 1990, chap. E.2. Le coût de la couverture de la Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail pour les élèves de 14 ans ou plus étant assumé par le ministère de l'Éducation, celui-ci et les conseils scolaires peuvent utiliser ces renseignements pour vérifier la légitimité des demandes d'indemnité. Pour toute question sur ce formulaire, s'adresser à un agent d'éducation du ministère de l'Éducation, au 416 325-2547.

District School Board / Conseil scolaire	Date Completed / Rempli le
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A. Parties to the Agreement / Parties contractantes

1. Name of student trainee / Nom de l'élève stagiaire		Age / Âge
Address / Adresse		Home phone no. / N° de tél. (domicile) Postal Code / Code postal
Related course / Matière connexe		
2. Name of placement / Nom de l'organisme de formation	Employment Sector / Secteur d'activité	Name of placement supervisor / Nom du/de la superviseur-e de la formation
Placement address / Adresse	Telephone no. / N° de téléphone	Postal Code / Code postal
3. School / École	Name of teacher / Nom de l'enseignant ou de l'enseignante	
Address / Adresse	Telephone no. / N° de téléphone	Postal Code / Code postal

B. Specific Time at Placement / Durée, horaire, emploi du temps

1. **Period of Agreement / Durée de l'accord**
 The student shall, from _____ month/mois day/jour year/année to _____ month/mois day/jour year/année
 L'élève stagiaire devra, du _____ au _____
 faithfully, honestly and diligently perform the duties of a trainee at the placement as / exécuter fidèlement, honnêtement et assidûment pour l'organisme de formation les tâches de _____ (job title / désignation de fonction)
 and devote his/her whole time and attention to such placement during the hours hereunder prescribed.
 et consacrer tout son temps et toute son attention à la formation pendant les heures précisées ci-dessous.

2. **Placement Hours / Horaire de travail**
 The normal hours at the placement shall be from _____ to _____
 L'horaire de travail habituel sera de _____ à _____

3. **Schedule / Jours de travail**
 Identify the days when the student will be at the placement (or attach student's schedule).
 Inscrivez les jours où l'élève sera au poste de formation (ou joindre son emploi du temps).

 (days of placement / jours de travail)

C. Workplace Safety & Insurance Board Coverage / Couverture de la Commission

1. Workplace Safety & Insurance Board Coverage will be provided at the training station by: / La couverture de la Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail sera fournie, en ce qui concerne le poste de formation, par :

(a) the placement / l'organisme de formation	(b) the Ministry of Education / le ministère de l'Éducation
<input type="checkbox"/> for the entire period / pour toute la durée du stage	<input type="checkbox"/> for the entire period / pour toute la durée du stage
<input type="checkbox"/> for the period between _____ and _____ / pour la période comprise entre le _____ et le _____ inclusive / inclusivement	<input type="checkbox"/> for the period between _____ and _____ / pour la période comprise entre le _____ et le _____ inclusive / inclusivement

2. Number of placement hours for which Workplace Safety & Insurance Board Coverage has been provided: / Nombre d'heures au poste de formation pour lesquelles la couverture de la Commission a été fournie par :

(a) By the placement / l'organisme de formation 20 _____	(b) By the Ministry of Education / le ministère de l'Éducation 20 _____
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D. Signatures of Parties to the Agreement / Signature des parties contractantes

Student / Élève	Parent/Guardian / Père, mère, tuteur ou tutrice
X	X
Placement / Organisme de formation	Teacher / Enseignant ou enseignante
X	X

DEFINITIONS

Work Education Programs - are work experience, supervised alternative learning for excused pupils, and co-operative education programs.

Placement - is an individual, a commercial enterprise or an agency that is external to the school board.

GENERAL CONDITIONS

1. The Board has approved a Work Education Program for pupils in its schools pursuant to Section 8 of the *Education Act* 1990.
2. The Placement and the Student have agreed to participate in the said Work Education Program on the terms and conditions herein set forth.
3. **Termination**
Notwithstanding anything herein contained to the contrary, any party hereto may, with or without cause, summarily terminate this agreement with notice in writing to the other parties.
4. **Supervision**
During the hours of training herein set forth, the Student shall be under the supervision of the Placement Supervisor; however, the Board or its representatives shall be allowed access to the Placement and the Student at times that are mutually agreed upon with the Placement Supervisor.
5. **Full-time Employee Tenure**
The Placement agrees that the training of the Student hereunder shall in no way affect the job security of any full-time employee.
6. Where Workplace Safety & Insurance Board coverage is not provided for the Student by the Placement, then pursuant to the *Education Act*, the Student, for the purposes of coverage under the *Workplace Safety and Insurance Act*, shall be deemed to be an "employee" of the Ministry of Education upon the execution of this agreement and the commencement of duties by the Student. Workplace Safety & Insurance Board coverage will be provided by the Ministry of Education under Schedule 1 of the *Workplace Safety and Insurance Act*.
7. Where the Student is on the payroll of the Placement, the Placement is the Employer and is responsible for providing Workplace Safety & Insurance Board coverage and reporting claims.
 - If the Placement is currently reporting to the W.S.&I.B., the earnings must be included in their regular W.S.&I.B. returns.
 - If the Placement is NOT reporting to the W.S.&I.B., the Placement must contact the nearest W.S.&I.B. office to determine if coverage is mandatory when hiring workers.
8. Where the Student is employed by the Placement outside the scope of this Agreement, the Employer and Worker are subject to the *Employment Standards Act*, the Regulations and Orders thereunder.

How to Obtain Workplace Safety & Insurance Board Coverage

- An agreement must be completed by the parties concerned before the student starts at the placement.

Who is Covered?

All students who are registered as participants in a work education program administered by a school board are covered by Workplace Safety and Insurance Board. The Ministry of Education provides this coverage unless it has been arranged by the placement.

When are Students Covered?

Students are covered during the time they spend at the placement under the supervision of the placement. Students are **not** covered for classroom or shop work in the school, when working as teachers' aides, or when travelling to and from the placement.

Students are covered when their placement is located on school board property, but in an area that is not directly supervised by a qualified teacher, e.g. building maintenance staff, audio-visual centre, purchasing department.

Types of Benefits Payable

For the purpose of Workplace Safety & Insurance Board coverage, students are deemed to be employees of the Ministry of Education although they do **not** receive wages. For purposes of calculating Workplace Safety & Insurance Board benefits, the "deemed" rate of pay is the general hourly rate established by minimum wage legislation.

The *Workplace Safety and Insurance Act* provides compensation, medical aid, and non economic loss for employees injured in on-the-job accidents. Compensation is provided for actual loss of earnings, e.g. student's part-time job.

When are Workplace Safety & Insurance Board Reports Required?

All injuries to students in the Work Education program, however minor, should be reported by the student to the school board representative with full details of when, where and how the injury occurred. Accidents requiring only first aid treatment do not have to be reported to the Workplace Safety & Insurance Board, but a record of the details must be kept by the school board. If treatment is given by a medical doctor, or if an accident results in lost time from the program, a report must be sent to W.S.&I.B.

Reporting Procedures

In case of an accident, the "Employer's Report of an Accidental Injury or Industrial Disease" (Form 7) must be completed by the school board representative within 3 days of the accident. The original report must be received by the Workers' Compensation Board with a copy of the Work Education Agreement, within 7 working days of the accident.

Please refer to Policy/Program Memorandum 76A for more complete details.

DÉFINITIONS

Programmes de formation pratique : stages en milieu de travail, apprentissage parallèle dirigé pour élèves dispensés de fréquentation scolaire et programmes d'éducation coopérative.

Organisme de formation : personne, entreprise commerciale ou organisme indépendants du conseil scolaire.

CONDITIONS GÉNÉRALES

1. Le conseil a approuvé un programme de formation pratique pour les élèves de ses écoles conformément à l'article 8 de la *Loi sur l'éducation*, 1990.
2. L'organisme de formation et l'élève ont accepté de prendre part au programme de formation pratique selon les conditions énoncées dans le présent accord.
3. **Résiliation**
Nonobstant toute disposition contraire du présent accord, l'une ou l'autre des parties peut, avec ou sans motif à l'appui, mettre fin sommairement à cet accord en avisant par écrit les autres parties.
4. **Supervision**
Pendant les heures du stage prescrites dans le présent accord, l'élève sera sous la surveillance du superviseur ou de la superviseuse de la formation; cependant, le conseil ou ses représentants ou représentantes auront accès au poste de formation et pourront rencontrer l'élève aux heures sur lesquelles ils se seront entendus avec le superviseur ou la superviseuse de la formation.
5. **Sécurité d'emploi du personnel à plein temps**
L'organisme de formation est d'accord pour que la formation de l'élève nommé dans les présentes n'entraîne nullement la sécurité d'emploi des employés et employées à plein temps.
6. Si la couverture de la Commission n'est pas fournie par l'organisme de formation à l'élève stagiaire, ce dernier sera considéré, en vertu de la *Loi sur l'éducation* et aux fins de couverture prévue par la *Loi sur la sécurité professionnelle et l'assurance contre les accidents du travail*, comme un « employé » du ministère de l'Éducation à la signature du présent accord et dès le début du stage. La couverture de la Commission sera fournie par le Ministère en vertu de l'annexe 1 de la *Loi sur la sécurité professionnelle et l'assurance contre les accidents du travail*.
7. Si l'élève figure sur la liste de paye de l'organisme de formation, celui-ci est l'employeur et doit fournir la couverture de la Commission et lui signaler toute demande d'indemnités.
 - Si l'organisme de formation fait déjà rapport à la Commission, il doit inclure les gains de l'élève dans ses déclarations régulières.
 - Si l'organisme de formation NE fait PAS rapport à la Commission, il doit contacter le bureau de la Commission le plus proche pour s'informer s'il est tenu de fournir la couverture lorsqu'il embauche du personnel.
8. Dans le cas où l'élève est employé par l'organisme de formation en dehors de cet accord, l'employeur et le travailleur ou la travailleuse doivent se conformer à la *Loi sur les normes d'emploi* ainsi qu'aux règlements et directives qui s'y rapportent.

Formalités à remplir pour obtenir la couverture de la Commission

- Un accord doit être signé entre les parties concernées avant le début du stage.

Qui est assuré?

Tous les élèves inscrits comme participants à un programme de formation pratique administré par un conseil scolaire sont couverts par la Commission. Le ministère de l'Éducation fournit cette couverture, à moins que l'organisme de formation ne s'en charge.

Quand les élèves sont-ils assurés?

Les élèves sont couverts pendant qu'ils travaillent à leur poste de formation, sous la supervision de l'organisme de formation. Les élèves ne sont pas assurés s'ils travaillent en classe, en atelier à l'école ou comme aides-enseignants ou aides-enseignantes ou lorsqu'ils se rendent au lieu du stage ou en reviennent.

Les élèves sont assurés lorsqu'ils font leur stage sur la propriété du conseil scolaire, s'il s'agit d'un travail (l'entretien du bâtiment, par exemple) ou d'un endroit (le centre audio-visuel ou le service des achats, entre autres) qui n'est pas supervisé par une enseignante ou un enseignant qualifié.

Genre d'indemnités payables

Aux fins de la couverture de la Commission, les élèves sont considérés comme des employés et employées du ministère de l'Éducation, même s'ils ne reçoivent pas de salaire. Pour calculer les indemnités, le taux de « salaire » est le taux horaire général établi par la loi touchant le salaire minimum.

La *Loi sur la sécurité professionnelle et l'assurance contre les accidents du travail* prévoit des indemnités, des soins médicaux et une compensation des préjudices moraux pour les employées et employés blessés dans un accident du travail.

Quand doit-on contacter la Commission?

Toute blessure subie par une ou un élève au cours d'un programme de formation pratique, même si elle est mineure, doit être déclarée par l'élève en cause au représentant ou à la représentante du conseil scolaire en précisant la date, le lieu et les circonstances de la blessure. Il n'est pas nécessaire de signaler à la Commission les accidents qui n'exigent que des premiers soins, mais le conseil scolaire doit établir un dossier des détails et le conserver. **Si des traitements médicaux sont donnés par un médecin ou s'il y a perte d'heures du programme à la suite d'un accident, un rapport doit être adressé à la Commission.**

Façon de signaler un accident

En cas d'accident, le représentant ou la représentante du conseil scolaire doit remplir, dans les trois jours qui suivent l'accident, le formulaire n° 7 intitulé Avis d'accident de travail et de maladie professionnelle (Employeur). La Commission doit recevoir l'original de ce rapport et une copie de l'Accord sur la formation pratique dans les 7 jours ouvrables suivant l'accident.

Veuillez consulter la note Politique/Programmes n° 76A pour plus de renseignements.



STUDENT CONSENT

I, _____ (Student's name), have read the Cooperative Education Student Handbook in full and agree to all of its terms and conditions (including those outlined below, if over 18) as indicated by my signature below.

Student Signature:

X _____ Date: _____

PARENT/GUARDIAN CONSENT

I, _____ (Parent/Guardian's name), have read the Cooperative Education Student Handbook and understand that my daughter/son is enrolling in a Cooperative Education program which will involve substantial time in the community. I am aware that immunization, tests, and/or precautions are advised/mandatory for certain placements as outlined in the attached pages. I understand that my daughter/son must adhere to the standards and responsibilities outlined in this handbook.

I understand that there may be inherent risks in any experiential learning opportunity in the community, and that the District School Board of Niagara (DSBN) and its staff cannot be held responsible or liable for any injury to a student, or property loss or damage which arises as a result of activities in the placement. I understand that it is my daughter's/son's responsibility to inform the placement employer of any relevant health concerns (eg. allergies, medications etc.) which may affect her/his ability to participate.

I understand that, in accordance with Ministry of Education policy, as outlined in *Cooperative Education and Other Forms of Experiential Learning (2000)*, the Cooperative Education teacher must make employers/supervisors aware of student exceptionalities and special learning needs, in order to ensure that strategies are in place in both teaching and placement supervision to meet the strengths and needs of exceptional students.

I give permission for my daughter/son to participate in field trips related to the Cooperative Education program.

I understand that I am responsible for providing appropriate insurance if it is necessary for my daughter/son to drive to/from her/his work site.

In accordance with the Municipal Freedom of Information and Protection of Privacy Act and under the authority of the Education Act, I hereby grant my consent to the use of photographs, video, names, achievements, and school attending being published of my child as part of the program and/or advertising for Technology and Experiential Learning programs. I hereby release the DSBN, its agents, officials and employees, from any liability of claims whatsoever arising out of the use and publication of my son's/daughter's photograph and name.

I have read all of the notices, terms and conditions outlined in the Ontario Youth Apprenticeship Program (OYAP) section and forms contained in this manual and understand that the Ministry of Training, Colleges and Universities (MTCU) will collect relevant personal information about OYAP participants, both directly and indirectly, from the school board, employer, sponsor, training institution, the Ontario College of Trades (OCOT) and Canada and may disclose your information to these organizations. By signing this form, I hereby grant my consent for the MTCU to collect, use and disclose this information where relevant to the administration and financing of OYAP and Apprenticeship Training.

Parent/Guardian Signature:

X _____ Date: _____

EMPLOYER/PLACEMENT CONSENT

I, _____ (Work Site Supervisor's name), at _____ (Placement name), have read this handbook and am aware of my responsibilities in having a Cooperative Education student at my workplace.

Employer/Work Site Supervisor's Signature:

X _____ Date: _____

Email: _____ Phone: _____

COMPLETION OF COOPERATIVE EDUCATION STUDENT HANDBOOK

Co-op Teacher X _____ Date: _____

Principal's Signature: _____



PERSONALIZED PLACEMENT SAFETY PLAN (PPSP)

It is the mandate of the Ministry of Education and the District School Board of Niagara that all Cooperative Education placements are assessed for their learning value and to ensure the safety of students in the workplace.

Each employer assumes the responsibility for providing a safe working environment with proper industrial health and safety procedures. Although health and safety is covered generally during pre-placement lessons in school, job specific training must be included as part of the student's orientation to the work site. The employer/supervisor is responsible for training the student in all aspects of health and safety related to the duties they will be performing.

Employer Orders, Prosecutions or Convictions:

1. Has there ever been anyone that you employ or employed that has received a Health and Safety Ticket from a Ministry of Labour inspector? [] YES [] NO
If yes, was it an: [] employee [] supervisor and what was the contravention listed on the ticket?

2. Has your company received orders for compliance with the Occupational Health and Safety Act from the Ministry of Labour? [] YES [] NO
If yes, what were the orders?

3. Has your company or anyone employed by your company been prosecuted and subsequently convicted under the Occupational Health and Safety Act? [] YES [] NO
If yes, what was the nature of the conviction to your company or employee?

Instructions for Completing the PPSP:

The student will discuss the following safety plan with his/her placement supervisor. The completed form must be submitted to the Cooperative Education teacher prior to the student being at the work site.

It is the responsibility of the teacher and the placement supervisor to review the information to ensure the provision of an appropriate learning environment that meets the needs of the Cooperative Education student.

PART A: Placement Overview

1. Employment Sector: (Please check all that apply)

- [] Agriculture [] Automotive [] Chemical & Plastics [] Construction [] Education
[] Electrical [] Food & Beverage [] Forestry [] Health Care [] Manufacturing
[] Mining [] Municipal [] Primary Metals [] Pulp & Paper [] Transportation
[] Other

2. Provide a brief job description for the placement, including areas where the student may be working:

Four horizontal lines for writing a job description.



PERSONALIZED PLACEMENT SAFETY PLAN (PPSP)

PART B: Placement Safety Procedures

1. Is there a health and safety committee at the workplace? YES NO N/A

2. Are there written health and safety rules or regulations? YES NO N/A

3. Placement-specific health and safety training will be provided by:

Name: _____ Job Title: _____

4. Accidents at the workplace will be reported to:

Name: _____ Job Title: _____

5. Health and safety information at the workplace can be accessed in the following (specific) location(s):

6. Have you reviewed the workplace emergency procedures with the student in the event of fire, personal injury, a co-worker injury, chemical spill, etc.? YES NO

IF No, when will this review take place? _____

7. Please provide details regarding the following safety procedures and equipment at the workplace:

Fire extinguishers are located: _____

Fire exits are located: _____

First Aid supplies are located: _____

Personal injury procedure: _____

What to do in the event of co-worker injury: _____

Personal Protective Equipment required by student: _____

Other: _____

8. Is personal protective equipment for the student provided by the employer? YES NO N/A

IF No, please specify the specific equipment that must be supplied: _____

9. Will the supervisor provide the student with training on the proper use of equipment? YES NO N/A



PERSONALIZED PLACEMENT SAFETY PLAN (PPSP)

PART C: Specific Workplace Conditions

All or some of the following conditions may apply to the placement. Please indicate if the issue identified is applicable or not applicable to the placement. If it is applicable, the employer/placement supervisor must provide appropriate training prior to the performance of the activity.

CHEMICAL HANDLING

Applicable Not Applicable

1. List the hazardous substances the student will work with (eg. solvents, oxidizers etc.):

2. Will the student receive mandatory WHMIS training (including training on supplier/workplace labels) on these substances?

YES NO

3. Where are Material Safety Data Sheets (MSDS) kept (please be specific)?

MOBILE EQUIPMENT HAZARDS

Applicable Not Applicable

(i.e., Golf cart, ATV, motor vehicles, forklift, motorcycle, etc.)

The school board's insurance does NOT cover the student driving ANY vehicles. Students on co-op or other work experiences should NOT be allowed to drive vehicles. It is the policy of the District School Board of Niagara that all students who use their own vehicles or the vehicles of others to provide transportation in connection with the co-op placement DO SO AT THEIR OWN RISK, INDEPENDENT OF THE BOARD OF EDUCATION.

When driving is a component of the learning experience on the job, the employer MUST assume liability and, therefore, responsibility for ensuring that adequate insurance is in place for the company or customer vehicle/equipment and/or property used by the student. Any request to have a student driving on placement business MUST be outlined in the student's Personalized Placement Learning Plan (PPLP).

1. List any mobile equipment the student will be using and training that will be provided:

PERSONALIZED PLACEMENT SAFETY PLAN (PPSP)

MECHANICAL MACHINERY

Applicable Not Applicable

(i.e., CNC lathe, drill press, lifting devices, etc.)

ANY mechanical machinery to be used by students must be in compliance with the standards set by the Ministry of Labour (eg. guarding, lockout/tagout etc.)

1. List any mechanical machinery the student will be using:

2. Will the student receive the mandatory, job-specific training on all equipment to be used, including proper safety guarding and procedures?

YES NO

BIOLOGICAL HAZARDS

Applicable Not Applicable

(i.e., animal, human body fluids, infectious diseases, uncooked foods, etc.)

Students MUST follow proper safety precautions, including handwashing techniques, when working around any potential biological hazards.

1. List any biological hazards the student may be exposed to in the workplace:

2. Will the student receive the mandatory, job-specific training related to all potential hazards at the worksite?

YES NO

3. Is the student required to receive any immunizations?

YES NO

If yes, check immunization required:

Hepatitis Tuberculosis Other: _____

The Communicable Disease Protocols require that hospitals must have documented proof of immunization and/or history of specific communicable disease for all persons, including employees, physicians, volunteers, students and contract workers carrying on activities in patient care areas of the Hospital. This requirement must be met prior to commencing the first day of work/placement. Some placements may require students to be fit tested for an N95 respirator mask.



OTHER CONDITIONS REQUIRING SPECIAL TRAINING OR CERTIFICATION

Applicable Not Applicable

1. Please indicate the following special conditions that apply to this workplace environment:

- working at heights working in confined spaces working in a flammable/explosive environment
- extreme dust working with contaminants excessive noise
- working on ladders patient transfer

other: _____

2. Are you able to facilitate the delivery of any special training or certification(s) for the student? (if yes, please list them below)

YES NO

3. Is personal protective equipment provided by the employer for training/certifications? YES NO N/A

IF No, please specify the specific equipment that must be supplied: _____

PART D: Workplace Environment

The Ministry of Education Guideline Cooperative Education and Other Forms of Experiential Learning Policies and Procedures for Ontario Secondary Schools 2000 requires that students work in an environment that is free from discrimination, violence and expressions of hate.

The Occupational Health and Safety Act (OHSA) has been ammended to require worker protection from violence and harassment in the workplace. This imposes new and express obligations on employers to develop workplace violence and harassment programs (refer to page 5 of this handbook).

1. Does your organization have a formal workplace violence and harassment policy? YES NO

2. Will you be sharing your organization’s policy and procedures with the student? YES NO

3. Will the student be instructed on how to summon immediate emergency assistance? YES NO

This safety plan has been reviewed by the placement supervisor with the student.

Employer/Work Site Supervisor’s Signature:

X _____ Date: _____

This safety plan has been reviewed by the Cooperative Education teacher with the student.

Cooperative Education Teacher’s Signature:

X _____ Date: _____

APPRENTICESHIP AND THE ONTARIO YOUTH APPRENTICESHIP PROGRAM (OYAP)

? WHAT IS OYAP?

- ✓ A high school program that lets you participate in co-op placements in regulated apprenticeship trades (see page 14 for a full list of trades);
- ✓ A chance to try-on careers and apprenticeship as a postsecondary education option;
- ✓ A program monitored and funded by the Ministry of Training, Colleges and Universities (MTCU);
- ✓ An opportunity to become registered and start your apprenticeship while still in high school.

“OYAP Participant”: A student who is participating in a co-op work placement in a regulated apprenticeship skilled trade. ALL Participants are required to complete the Ministry form on page 15 of this handbook.

“OYAP Apprentice”: An eligible OYAP Participant can apply to be formally signed as an apprentice and receive a Training Agreement. The Training Agreement must be signed by the student (and parent/guardian if under 18), an eligible employer (Sponsor) and a Training Consultant from the MTCU. Once assessed and activated in the MTCU’s system, the Training Agreement becomes a *Registered* Training Agreement.

? WHAT IS APPRENTICESHIP?

- ✓ A first-choice postsecondary pathway towards becoming qualified to work in one of 150 skilled trades;
- ✓ 90% on-the-job training (hours vary by trade) and 10% postsecondary in-school training;
- ✓ A Ministry-supported training program that assists with postsecondary education costs and offers incentives like completion grants and loans for tools;
- ✓ Working one-on-one with skilled tradespeople to learn from their expertise and experience;
- ✓ Achieving and documenting skills, competencies and hours in the trade’s Apprenticeship Training Standard.

? WHAT ARE THE BENEFITS?

- ✓ Gain valuable work experience in a skilled trade;
- ✓ Make connections with people working in industry that could lead to future jobs;
- ✓ Receive support and resources from your teachers and the DSBN OYAP Coordinator;
- ✓ Create a seamless transition from high school to your postsecondary apprenticeship training;
- ✓ Register as an apprentice NOW and get a headstart towards becoming fully qualified in your trade;
- ✓ Get on the MTCU’s waiting list for postsecondary in-school training sooner;
- ✓ Save time, effort and the expense associated with apprenticeship registration after high school.

HOW TO APPLY FOR APPRENTICESHIP REGISTRATION

To Qualify for Registration with the MTCU, You Must:

- ✓ be a minimum of 16 years old;
- ✓ have completed 16 credits towards your OSSD and be working towards completion of all requirements;
- ✓ be enrolled as a full-time student;
- ✓ have a valid Social Insurance Number (SIN).

To Complete a Registration Request:

- ✓ Speak to your co-op teacher and your employer about being signed as an apprentice;
- ✓ Complete both the MTCU **OYAP Participation** and **Request for Registration** forms (pages 15-16 in this handbook). Parent/Guardian signatures are required if you are under 18 years old;
- ✓ Return signed forms to your co-op teacher, who will submit your application for processing.

CO-OP PLACEMENTS IN APPRENTICESHIP TRADES (OYAP)

IMPORTANT: If you want to participate in a co-op work placement in any of the **Regulated Trades*** listed below, you **MUST** complete the Ministry's OYAP Participation Form (Page 1 - facing page) and submit it to your Co-op Teacher **BEFORE STARTING YOUR PLACEMENT**. To request apprenticeship registration, speak to your employer and teacher, then complete both sides of the form. See page 13 of this handbook for more information about apprenticeship and visit OYAP.dsbni.org

Regulated Apprenticeship Trades in Ontario*

SERVICES SECTOR

- Aboriginal Child Development Practitioner
- Agriculture – Dairy Herdsperson
- Agriculture – Fruit Grower
- Agriculture – Swine Herdsperson
- Appliance Service Technician
- Arborist
- Assistant Cook
- Baker
- Baker – Patisserie
- Bicycle Mechanic
- Chef
- Child and Youth Worker
- Child Development Practitioner
- Cook
- Developmental Services Worker
- Educational Assistant
- Electronic Service Technician
- Gemsetter/Goldsmith
- Hairstylist
- Hardware, Lumber and Building Materials Retailer
- Horse Groom
- Horse Harness Maker
- Horticultural Technician
- Information Technology – Contact Centre Customer Service Agent
- Information Technology – Contact Centre Sales Agent
- Information Technology – Contact Centre Technical Support Agent
- Information Technology – Hardware Technician
- Information Technology – Network Technician
- Institutional Cook
- Micro Electronics Manufacturer
- Native Clothing and Crafts Artisan
- Network Cabling Specialist
- Parts Technician
- Pool, Hot Tub and Spa – Installer
- Pool, Hot Tub and Spa – Service Technician
- Retail Meat Cutter
- Saddlery
- Special Events Coordinator
- Utility Arborist
- Wooden Boat Rebuilder

INDUSTRIAL SECTOR

- Bearings Mechanic
- Blacksmith
- Cabinetmaker
- Composite Structures Technician
- CNC (Computer Numeric Control) Programmer
- Die Designer
- Draftsperson – Mechanical
- Draftsperson – Plastic Mould Design
- Draftsperson – Tool and Die Design
- Electrical Control (Machine) Builder
- Electrician – Signal Maintenance

- Electric Motor System Technician
- Elevating Devices Mechanic
- Entertainment Industry Power Technician
- Facilities Mechanic
- Facilities Technician
- Fitter – Assembler (Motor Assembly)
- General Machinist
- Hydraulic/Pneumatic Mechanic
- Industrial Electrician
- Industrial Mechanic Millwright
- Instrumentation and Control Technician
- Light Rail Overhead Contact System Linesperson
- Locksmith
- Machine Tool Builder and Integrator
- Metal Fabricator (Fitter)
- Mould Designer
- Mould or Die Finisher
- Mould Maker
- Optics Technician (Lens and Prism Maker)
- Packaging Machine Mechanic
- Pattern Maker
- Precision Metal Fabricator
- Pressure Systems Welder
- Process Operator: Food Manufacturing
- Process Operator: Power
- Process Operator: Refinery, Chemical and Liquid Processes
- Process Operator: Wood Products
- Pump Systems Installer
- Railway Car Technician
- Relay and Instrumentation Technician
- Roll Grinder/Turner
- Saw Filer/Fitter
- Ski Lift Mechanic
- Surface Blaster
- Surface Mount Assembler
- Thin Film Technician
- Tool and Cutter Grinder
- Tool and Die Maker
- Tool and Gauge Inspector
- Tool/Tooling Maker
- Tractor-Trailer Commercial Driver
- Water Well Driller
- Welder

MOTIVE POWER SECTOR

- Agricultural Equipment Technician
- Alignment and Brakes Technician
- Auto Body and Collision Damage Repairer
- Auto Body Repairer
- Automotive Electronic Accessory Technician
- Automotive Glass Technician
- Automotive Painter
- Automotive Service Technician
- Fuel and Electrical Systems Technician
- Heavy Duty Equipment Technician
- Marine Engine Technician
- Motive Power Machinist

- Motorcycle Technician
- Powered Lift Truck Technician
- Recreation Vehicle Technician
- Small Engine Technician
- Tire Wheel and Rim Mechanic
- Transmission Technician
- Truck and Coach Technician
- Truck-Trailer Service Technician
- Turf Equipment Technician

CONSTRUCTION SECTOR

- Architectural Glass and Metal Technician
- Brick and Stone Mason
- Cement (Concrete) Finisher
- Cement Mason
- Concrete Pump Operator
- Construction Boilermaker
- Construction Craft Worker
- Construction Millwright
- Drywall, Acoustic and Lathing Applicator
- Drywall Finisher and Plasterer
- Electrician – Construction and Maintenance
- Electrician – Domestic and Rural
- Exterior Insulated Finishing Systems Mechanic
- Floor Covering Installer
- General Carpenter
- Hazardous Materials Worker
- Heat and Frost Insulator
- Heavy Equipment Operator – Dozer
- Heavy Equipment Operator – Excavator
- Heavy Equipment Operator – Tractor Loader Backhoe
- Hoisting Engineer – Mobile Crane Operator 1
- Hoisting Engineer – Mobile Crane Operator 2
- Hoisting Engineer – Tower Crane Operator
- Ironworker – Generalist
- Ironworker – Structural and Ornamental
- Native Residential Construction Worker
- Painter and Decorator – Commercial and Residential
- Painter and Decorator – Industrial
- Plumber
- Powerline Technician
- Precast Concrete Erector
- Precast Concrete Finisher
- Refractory Mason
- Refrigeration and Air Conditioning Systems Mechanic
- Reinforcing Rodworker
- Residential Air Conditioning Systems Mechanic
- Residential (Low-Rise) Sheet Metal Installer
- Restoration Mason
- Roofer
- Sheet Metal Worker
- Solar Photovoltaic Installation
- Sprinkler and Fire Protection Installer
- Steamfitter
- Terrazzo, Tile and Marble Setter

*All trades listed are regulated under the Ontario College of Trades and Apprenticeship Act (OCTAA), 2009.



**Ministry of Training,
Colleges and Universities**

Service Delivery Branch
33 Bloor St. east, 2nd Floor
Toronto ON M7A 2S3

**Ontario Youth Apprenticeship
Program (OYAP)
Participant Application Form**

Section 1 - Program Participation

Trade Name		Trade Code	Ontario Education Number (OEN)
Last Name		First Name	Middle Name/Initial
Preferred Name		Date of Birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Highest Grade Level Completed			Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French
Home Telephone Number	Cell Phone Number	Email Address	
Name of School		Teacher Name	Teacher Telephone Number

Do you wish to self-identify as set out below? Your response to this question is entirely voluntary and will not affect your eligibility for apprenticeship. This information will be used by Canada and Ontario for policy analysis and statistical purposes related to employment programs and services.

First Nations
 Metis
 Inuit
 Persons with Disabilities
 Member of a Visible Minority
 Newcomer to Canada - If yes, how long?
 Months
 Years
 Francophone

Unit No.	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

Additional Information

Required Documentation Verified

Transcript School Board Verification Form

Notice of Collection of Personal Information and Consent

The Ministry of Training, Colleges and Universities (Ministry) provides funding to your school board to offer OYAP, in part from funds provided by Canada under the Labour Market Agreement (LMA) between Canada and Ontario.

The goal of OYAP is to increase the high school graduation rate and to increase apprenticeship participation to ensure that Ontario has the skilled labour necessary to support growth and attract investment. Your personal information on this form as well as your graduation date will be used by the Ministry to administer and finance OYAP, including monitoring and evaluating OYAP; conducting policy and statistical analysis; and reporting to Canada about the results of OYAP as required under the LMA. The Ministry will collect relevant personal information indirectly from your school board and employer for these purposes and may also disclose your personal information to these organizations. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to OYAP. The Ministry may use the services of auditors, contractors or other third party administrators to administer and finance OYAP.

The Ministry collects, uses and discloses your personal information under the authority of the Ontario College of Trades and Apprenticeship Act, 2009 S.O. 2009, c. 22; and s. 266.3(3) of the Education Act, R.S.O. 1990, c. E. 2, as amended and s. 2 of O. Reg. 440/01; and the LMA.

Questions about the collection, use and disclosure of your personal information may be addressed to the Manager, Employment Ontario Contact Centre, Ministry of Training, Colleges and Universities, 33 Bloor St. E, 2nd floor, Toronto, Ontario M7A 2S3, toll-free: 1 800 387-5656; Toronto: 416 326-5656; TTY: 1 866 533-6339 or 416 325-4084.

By signing this form, you give consent to the Ministry to collect, use and disclose personal information about you where relevant to the administration and financing of OYAP.

Signature of Applicant	Signature of Parent (if applicant under 18)	Date (dd/mm/yyyy)
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Section 2 - Request for Registration

To be completed only when applying to be registered as an apprentice.

By completing this section you confirm that the sponsor/employer has been notified that a request for registration is being submitted to the Ministry of Training, Colleges and Universities and that the sponsor/employer agrees to register the apprentice.

Please check off the box below:

Yes, the sponsor/employer has been notified.

Trade Name		Trade Code	
Social Insurance Number (SIN)		Ontario Education Number (OEN)	
Last Name		First Name	Middle Name/Initial
Sponsor Information			
Sponsor (full legal business name)		Sponsor ID (if known)	Sponsor Telephone Number
Sponsor Contact			
Last Name		First Name	Middle Name/Initial
Contact Telephone Number	Contact Cell Phone Number	Contact Email Address	
Address			
Unit No.	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Start Date of Co-op Placement (dd/mm/yyyy)	End Date of Co-op Placement (dd/mm/yyyy)	Hours per Week	

Notice of Collection of Personal Information and Consent

Your personal information on this form and in all other communications related to apprenticeship and related programs will be used by the Ministry to administer and finance Ontario's Apprenticeship Training program. The Ministry will collect relevant personal information directly from you and indirectly from your school board, employer, sponsor, training institution, the Ontario College of Trades (the College) and Canada for these purposes and may also disclose your personal information to these organizations. The Ministry may use the services of other Ontario ministries, contractors and auditors to administer and finance Apprenticeship Training. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to Apprenticeship Training.

Administration includes assessing and verifying your eligibility for apprenticeship, including your age, education and membership in the College; registering you as an apprentice and maintaining your file; providing financial assistance to you and your training institution; working with you, your training institution and your employer or sponsor to support your progress and completion of workplace and classroom training; conducting examinations; issuing certificates of apprenticeship; evaluating, monitoring and auditing your progress and the activities of your employer, sponsor and training institution; reporting to Canada about the effectiveness of Apprenticeship Training as required under the Labour Market Agreement (LMA) between Canada and Ontario and the Labour Market Development Agreement (LMDA) between Canada and Ontario; enforcing your agreements with the Ministry and the legislation set out below; enforcing the agreements between the Ministry and your employer, sponsor and training institution; conducting inspections and investigations; detecting, monitoring and preventing fraud; and conducting policy analysis, evaluation and research related to all aspects of Employment Ontario programs and services, including Apprenticeship Training.

Apprenticeship Training is partly funded by Canada under Part II of the Employment Insurance Act (EIA) and under the LMDA and the LMA. Under the LMDA, the Ministry must collect your social insurance number to provide reports to Canada to allow it to monitor and assess the Employment Insurance Program under s. 3 of the EIA.

The Ministry will disclose your personal information, including your contact information and your registered training agreement(s), to the College under s. 80 of the Ontario College of Trades and Apprenticeship Act, 2009 when it is necessary for the College to carry out its responsibilities. The Ministry may also disclose your personal information to any person employed in the administration of similar legislation in any Canadian province or territory under s. 79(8)(a) of the Ontario College of Trades and Apprenticeship Act, 2009.

The Ministry may disclose your personal information to the Ministry of Labour under an agreement between the ministries to enforce workplace safety under the Occupational Health and Safety Act.

The Ministry may also disclose personal information about you to any of your employers or sponsors who need your apprenticeship training agreement for purposes of applying for the Apprenticeship Training Tax Credit under s. 89 of the Taxation Act, 2007, S.O. 2007, c. 11, Sched. A; and to Statistics Canada, if required under s. 13 of the Statistics Act, R. S. 1985, c. S-19, as amended.

Your personal information is collected under the authority of the Ontario College of Trades and Apprenticeship Act, 2009 S.O. 2009, c. 22; the LMA, the LMDA, and ss. 3, 63 and 139 of the Employment Insurance Act, S.C. 1996, c. 23, as amended, s. 76.29 of the Employment Insurance Regulations, S.O.R./96-332, ss.10, 34(1) and 36(1) of the Department of Human Resources and Skills Development Act, S.C. 2005, c. 34; s. 8 of the Privacy Act, R.S.C. 1985, c. P-21, as amended; and s. 10.1 of the Financial Administration Act, R.S.O. 1990, c. F. 12, as amended.

Questions about the collection, use and disclosure of your personal information may be addressed to the Manager, Employment Ontario Contact Centre, Ministry of Training, Colleges and Universities, 33 Bloor St. E, 2nd floor, Toronto, Ontario M7A 2S3, toll-free: 1 800 387-5656; Toronto: 416 326-5656; TTY: 1 866-533-6339 or 416 325-4084.

By signing this form, you give consent to the Ministry to collect, use and disclose personal information about you as described above.

Signature of Applicant	Signature of Parent (if applicant under 18)	Date (dd/mm/yyyy)
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PERSONALIZED PLACEMENT LEARNING PLAN (PPLP)

Co-op Course Value:	Related Course Credit Value(s):	
Related Course:	Related Course Code:	
Related Course:	Related Course Code:	

Work Site:	
Job Title:	
Address:	
Placement Supervisor:	
Telephone:	Fax:
Employer's Email:	

Is the student in a placement that is in an apprenticeship trade?	<input type="checkbox"/> yes	<input type="checkbox"/> no
---	------------------------------	-----------------------------

Is the student a registered apprentice (OYAP)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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Is the training standard attached?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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Accommodations/Strategies/Resources:	<input type="checkbox"/> IEP
--------------------------------------	------------------------------

Clustered Expectations Student will demonstrate:	Date Completed	Method (Assessment and Evaluation Methods may include tests, quizzes, rubrics, assignments, etc.)
<p>Pre-Employment Orientation and Integration Sessions</p> <p>1. Job Readiness</p> <ul style="list-style-type: none"> • create an effective resume, cover letter and thank-you letter for the work-search process using word-processing software and appropriate vocabulary. <input type="checkbox"/> • complete job applications effectively and without spelling or grammatical errors. <input type="checkbox"/> • identify common interview questions and demonstrate the ability to respond appropriately and effectively. <input type="checkbox"/> • demonstrate the ability to communicate interest in a work opportunity effectively. <input type="checkbox"/> • apply appropriate knowledge and skills in structured interviews with prospective employers. <input type="checkbox"/> <p>2. Health and Safety</p> <ul style="list-style-type: none"> • successful completion of safety test (WHMIS TEST). <input type="checkbox"/> • successful completion of the Personalized Placement Safety Plan and Passport to Safety. <input type="checkbox"/> <p>3. Rights and Responsibilities</p> <ul style="list-style-type: none"> • understand issues related to confidentiality and the right to privacy, as outlined in the Freedom of Information Act. <input type="checkbox"/> • demonstrate an understanding of the individual's right to function in a climate free from violence, abuse and harassment. <input type="checkbox"/> • demonstrate an understanding of the relevant sections of the Employment Standards Act and the Human Rights Act. <input type="checkbox"/> • demonstrate an understanding of the history and role of labour unions. <input type="checkbox"/> <p>4. Workplace Opportunities and Challenges</p> <ul style="list-style-type: none"> • use information technology appropriately. <input type="checkbox"/> • demonstrate the ability to produce an effective exit resume. <input type="checkbox"/> 		

Workplace Orientation	Date Completed
<p>1. Discuss policies and regulations that are particular to the organization, including: safety procedures, confidentiality, personal regulations/guidelines. <input type="checkbox"/></p> <p>2. Discuss job responsibilities. <input type="checkbox"/></p> <p>3. Ask the designated labour representative to discuss labour policies. <input type="checkbox"/></p> <p>4. Explain future career possibilities. <input type="checkbox"/></p> <p>5. Understand evaluative procedures. <input type="checkbox"/></p> <p>6. Learn the workplace layout (lunch room, fire exits, etc...) <input type="checkbox"/></p>	



Related course code(s): _____

Expectations that relate to the work done at the placement:

(see Curriculum Documents at www.edu.gov.on.ca/eng/curriculum/secondary/)

GOALS FOR THE SEMESTER

List three goals that you have for your placement. (BE SPECIFIC – eg. to be signed to the Ontario Youth Apprenticeship Program (OYAP); specific skills or skill sets you hope to acquire.):

1.

2.

3.