



Appendix A – Placement of Co-Operative Education Students Form

SECTION 1 – Co-op Student Information

Student Name: _____ Date Completed: _____

Student Address (*street, city, province, postal code*): _____

Student Phone: _____ Student Age: _____

CDSBEO School Placement: _____

Department: Physical Education Custodial Other: _____

SECTION 2 – Specific Time at Workplace

Work Period:

The student shall, from _____, 20__ to _____, 20__ faithfully, honestly, and diligently perform the duties of a trainee at the placement as a _____ and devoted their whole time and attention to such placement during the hours hereunder prescribed.

Placement Hours:

The normal hours of the placement shall be from _____ to _____.

Schedule:

The days the student will be at the placement are _____.

SECTION 3 – Student Accident Insurance Coverage

While most students in Cooperative Education Programs are provided with insurance coverage from the Workplace Safety Insurance Board (WSIB), through the Ministry of Education, students who are working as assistants within the Catholic District School Board of Eastern Ontario facilities ARE NOT covered by WSIB. The CDSBEO maintains liability insurance for all cooperative education students while at their placements for the specified work period agreed upon. Additional coverage may be obtained through Student Accident Insurance made available through the school and the participating insurance company.

SECTION 4 – Signatures of Parties to the Agreement

Student: _____ Parent/Guardian: _____

Placement Supervisor: _____ Co-op Teacher: _____

Home School Principal: _____ Date: _____