COOPERATIVE EDUCATION



NEW PLACEMENT INFORMATION

Company Name:				-	ONTADIO POÚTH ADPRENTKESHI PROGRAM	
Address:	City:		Postal code:			
Name of Contact Person(s):						
Telephone:	Fax:		E-mail:			
Co-op Job / Placement Title:						
Number of Placements Available:						
Semester 1 (Sept. – Jan.) Semester 2 (Feb. – June) Summer Co-op (July - August):	-	om om	□ either □ either	□ all-day □ all-day		
Hours (and days) of Work:						
Will the student be paid a wage or given	an honourarium?	Yes	No			
Job Synopsis and Tasks (Observed and/or performed by the Co-op Student): Job Requirements (Skills, Personal Qualities):						
Do you employ apprentices or any certif	ied trades?	Yes	No			
Would you be willing to have students come in for short term (approx. 2 weeks) Work Experience? Yes No						
Is it okay for Co-op teachers to contact y	you directly?	Yes	No			
I'd rather be contacted by the HWDSB (Central office	Yes	No			

An OUAP student is any student taking part in Co-op in an "Apprenticeable" occupation

The Hamilton-Wentworth District School Board

Completed forms can be e-mailed to: ngodwald@hwdsb.on.ca or faxed to (289) 674-0409