	1 <u>2000 (2000 P</u>	CC	OPERATIVE EDUCATION  HAMILTON-WENTWORTH DISTRICT SCI POOL BOARD
		NEW	PLACEMENT INFORMATION
Company Name: West	End	Physi	otherapy
Address: 10 Ewen Ro	920000000	-	City: Hamilton Postal code: L8S 3C4
Name of Contact Person(s	V. —	nnifer	Boyle
Telephone: 905-527-5	-	-	ax: 905-527-5110 E-mail: jennifer@dsdrngmt.com
Co-op Job / Placement Title: Health Clinic Administration/ Assisting Clinicians			
Number of Placements Ava	allable:	1	
Semester 1 (Sept. – Jan.) Semester 2 (Feb. – June) Summer Co-op (July - Aug	ust):		□ am □ pm ■ either □ all-day □ am □ pm ■ either □ all-day ■ ALL DAY
Hours (and days) of Work:	Mon	- 8-7	Tues. 8-2 Wed. 8-7 Thurs. 8-5 Fri. 8-2
Will the student be paid a v	vage or	given a	n honourarium? Yes No
Job Synopsis and Tasks (C	bserve	d and/o	performed by the Co-op Student):
			date stamping medical charts, prepping patient charts,
Assisiting Clinicians: c & heating packs to pat shadowing and helping	ients.	monito	wiping down exercise equipment, laundry, bringing ice ring/shadowing clinicians for patient exercises, pist
Job Requirements (Skills, F	ersona	Qualiti	es):
Friendly personality, C	rganiz letail,	zed, Go Depen	ood time management, Communication skills, Team dable & Prompt, Good phone skills, Intersted in health
**We have several clir available in other clinic www.westendphysio.c	s. Ou	the HV r list of	VDSB area - and this co-op work experience may be associated clinics is listed on our website:
Do you employ apprentices	or any	certified	trades? Yes No 🖊
Would you be willing to hav	e stude	nts com	ne in for short term (approx. 2 weeks) Work Experience? Yes 🗌 No 🗹
Is it okay for Co-op teacher	s to cor	tact you	directly? Yes No
I'd rather be contacted by the	e HW	SB Cer	ntral office Yes No
An OUAP ate	udent is	any st	udent taking part in Co-op in an "Apprenticeable" occupation
		The	Familiton-Wentworth District School Board c-mailed to: ngodwald@hwdsb.on.ca or faxed to (289) 674-0409
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