

COOPERATIVE EDUCATION NEW PLACEMENT INFORMATION

Company Name: _____

Address: _____ City: _____ Postal code: _____

Name of Contact Person(s): _____

Telephone: _____ Cell: _____ E-mail: _____

Co-op Job / Placement Title: _____

Number of Placements Available: _____	On-Site	Virtual	Blended
Semester 1 (Sept. – Jan.)	☐ am ☐ pm	☐ either	☐ all-day
Semester 2 (Feb. – June)	☐ am ☐ pm	☐ either	☐ all-day
Summer Co-op (July - August):	☐ 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):

Would you sponsor an apprentice? Yes No

If so which trade(s)?

Would you be willing to have students come in for short term experiences? 1-2 days 3-5 days 1-2 weeks

Are you willing to be a guest speaker for a class? Yes No

I would like the teacher/student to contact me by: Email Yes No
Phone Yes No