

## COOPERATIVE EDUCATION

### NEW PLACEMENT INFORMATION



Company Name: \_\_\_\_\_

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.)     | <input type="checkbox"/> am             | <input type="checkbox"/> pm | <input type="checkbox"/> either | <input type="checkbox"/> all-day |
| Semester 2 (Feb. – June)      | <input type="checkbox"/> am             | <input type="checkbox"/> pm | <input type="checkbox"/> either | <input type="checkbox"/> all-day |
| Summer Co-op (July - August): | <input type="checkbox"/> <b>ALL DAY</b> |                             |                                 |                                  |

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 certified 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 you directly? Yes No

I'd rather be contacted by the HWDSB Central office Yes No

*An OYAP 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](mailto:ngodwald@hwdsb.on.ca) or faxed to (289) 674-0409