

**COOPERATIVE EDUCATION  
HEALTH CARE FACILITY PLACEMENT APPLICATION FORM  
Placement: St. Michael's Hospital**

**Board Name:** \_\_\_\_\_

**Teacher Information:**

**SECTION A**

**TO BE COMPLETED BY STUDENT**

All parts of this application form must be completed neatly, accurately and legibly.  
Incomplete applications will NOT be considered.

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Co-op Teacher \_\_\_\_\_ Area: North  South  East  West

School Name \_\_\_\_\_ School Phone \_\_\_\_\_

Health Care Career Goal \_\_\_\_\_

**Type of Career Choice** (*Identify both first and second choices.*)

Career Choice #1 \_\_\_\_\_

Career Choice #2 \_\_\_\_\_

Health Care Facility Preferred: (*Identify your choice – see attached list*)

\_\_\_\_\_

If placement cannot be secured for you at this facility, would you consider another facility?

Yes  No

If yes: close to home  where a comparable career choice exists

Identify this location \_\_\_\_\_

## Level of Study

Pertinent school subjects (i.e., Grade 11, Advanced Biology)

Completed \_\_\_\_\_

Presently taking \_\_\_\_\_

Number of credits completed by start of placement \_\_\_\_\_

SEMESTER 1 (Sept – Jan)  OR SEMESTER 2 (Feb – June)  NON-SEMESTERED

**Schedule:** Full Day  ½ day a.m.  ½ day p.m.   
Other  Describe \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

What is the in-school day for your school's co-op program? \_\_\_\_\_

## SECTION B TO BE COMPLETED BY STUDENT

### A. On a separate sheet of paper answer the following questions:

1. Why have you requested a placement in a health care facility?
2. How will this placement help you with your career choice?
3. What can you contribute as a Co-op Student in this placement? (Discuss your volunteer work, personal strengths, and prior relevant experience.)
4. What research have you done to explore this career pathway (e.g., personal interviews, internet, career centre, guidance counsellors)?
5. Are there any physical or medical conditions that would restrict your activities at the placement?  
Yes  No  If yes, please explain.

### B. Attach a current resume.

- C. Attach two references.**
- 1) teacher who knows you well (i.e., guidance, subject teacher, administrator)
  - 2) another teacher or employer or a volunteer supervisor

Student's Signature \_\_\_\_\_

Student's Name \_\_\_\_\_

**SECTION C**  
**COMPLETED BY A TEACHER WHO KNOWS YOU WELL**  
(i.e., Guidance or Subject Teacher, Administrator, Coach)

**Please rank the student on a scale of one (1) to four (4), with four being the highest ranking:**

a) Dependability:

1                      2                      3                      4

b) Ability to get along with others:

1                      2                      3                      4

c) Ability to plan and initiate own learning:

1                      2                      3                      4

In this section, please indicate why you think this student should be placed in this Health Care Co-op placement (taking into consideration her/his success in your subject area).

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**FREEDOM OF INFORMATION**

This information is collected under the authority of the Education Act and in compliance with Section 14, Section 32 and Subsection 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, and will be used for the ongoing administration of appropriate Cooperative Education placements.

Student's Name \_\_\_\_\_

**SECTION D**  
**COMPLETED BY A TEACHER WHO KNOWS YOU WELL**  
(i.e., Teacher, Employer, Volunteer Supervisor)

**Please rank the student on a scale of one (1) to four (4), with four being the highest ranking:**

a) Dependability:

1                      2                      3                      4

b) Ability to get along with others:

1                      2                      3                      4

c) Ability to plan and initiate own learning:

1                      2                      3                      4

In this section, please indicate why you think this student should be placed in this Health Care Co-op placement (taking into consideration her/his success in your subject area).

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

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# MANTOUX 2 STEP T.B. TEST (TUBERCULOSIS)

Any student planning to participate in a cooperative education placement in a Health Care Facility must have this T.B. test. The test is required by the Public Hospitals Act.

All students must be tested prior to the onset of the placement.

Please take a form to your doctor for completion.

## STEP 1

Date of injection \_\_\_\_\_

Date read \_\_\_\_\_

Result \_\_\_\_\_

## STEP 2

Date of injection \_\_\_\_\_

Date read \_\_\_\_\_

Result \_\_\_\_\_

Date \_\_\_\_\_

Doctor \_\_\_\_\_