

**SINCLAIR SECONDARY SCHOOL  
APPLICATION FOR COOPERATIVE EDUCATION PROGRAM**

Student Name:	Grade:	Homeroom:	Rec'd Date Stamp
Student Email:			
Date of Birth: MONTH      DAY      YEAR	Home #: (   )		Cell #: (   )
Home Address:			
City/Town:		Postal Code:	
Will you have a minimum of sixteen credits completed by June of this school year?      Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Co-operative Education Options - Review the options below and choose one.**

**Option #1 - General Co-op:**

2 Credit Co-op     4 Credit Co-op     4 Credit OYAP Co-op

**Option #2 - Specialized High Skills Major Programs (SHSM)** (Note: additional application required):

Business     Health and Wellness     Sport     Environment

**What is your destination after Secondary School?**

•Apprenticeship in the skilled trades \_\_\_\_\_ •Work \_\_\_\_\_ •College \_\_\_\_\_ •University \_\_\_\_\_

**Identify desired work experience or Co-op placement:**

1<sup>st</sup> Choice \_\_\_\_\_ Alternate Choice \_\_\_\_\_

**\*\* Make a note if you wish to do two different coop placements. (If so select CWE 209 Twice)**

**References**

Students must provide references from two teachers who have taught them in a subject related to the type of placement being applied for.

1) Teacher Name and Subject (Please Print)

2) Teacher Name and Subject (Please Print)

Teacher's Signature (See note below)

Teacher's Signature (See note below)

**\*\*Note to teachers: Your signature indicates your acknowledgement that the student has been: academically successful, conscientious, punctual and in regular attendance, and a suitable candidate for participation in the Co-op program. If you have concerns regarding this application please speak to a Co-op teacher prior to signing.**

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

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**EMPLOYMENT INFORMATION**

(To be completed by student)

**WORK EXPERIENCE: Including Jobs or Volunteer:**

Job Title	Length of Time Employed
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Provide the following information about yourself.

Favourite School Subjects	Personal Hobbies/Interests
_____	_____
_____	_____
_____	_____

Identify your three (3) best personal qualities (reasons why you should be part of co-op).

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**POSSIBLE OBSTACLES TO CO-OP** (Note: The method of transportation and transportation costs are the responsibility of the student)

What method(s) of transportation will you use to travel to Co-op? \_\_\_\_\_

Identify personal and school activities that might interfere with a possible placement?  
 \_\_\_\_\_

**PRE-EMPLOYMENT MARKS: (To be completed by Co-op Teacher)**

Cover letter	/35	Resume	/35	Emailed on Time	/10	Total	/80
Interview Completed and Sheet Returned				/20			

**Notes:**