**Work Experience - Student Training Plan**

**Student’s name: Grade:**

**Company/Activity #** **Supervisor:**

**Start Date: End date:**

*Use this form to outline student’s goals for learning and skill development for* ***EACH*** *work experience placement. This plan needs to be signed off by the student, parent/guardian, and employer* ***PRIOR*** *to starting the work placement*

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| --- | --- | --- | --- | --- | --- | --- |
| **Areas of interest and work placement**  *This placement and student training plan are appropriate for the student’s area of interest (identified below)* | | | | | | |
| * Business/Applied Business * Creative Arts, Design and Media * Social Services * Health Services * Human Services | | * Humanities * Engineering, Science/Applied Science * Tourism, Hospitality and Food Services | | | * Trades/Construction. Maintenance/Repair * Computer/Software Technology * Mathematics/Research/Analytics | |
| **Skills to Develop During Your Work Placement**  *Workers require a combination of essential skills, employability skills, job readiness skills and job specific technical skills. This plan outlines the* ***SKILLS*** *the students want to practice and develop during this placement.* | | | | | | |
| ***Skills for Success focus:*** | | | | | | |
| * Numeracy * Oral Communication * Working with Others * Continuous Learning * Reading Text | | | * Writing * Document Use * Thinking * Digital Skills | | | |
| ***Employability Skills:*** *Indicate the employability skills you want to practice:* | | | | | | |
| **Personal Management Skills:**   * Demonstrating positive attitude and behaviours * Being responsible * Being adaptable * Working safely | | | **Fundamental Skills**   * Managing information * Using numbers * Analyzing and solving problems | | | |
| **Teamwork Skills:**   * Working with others * Participating in projects and tasks * Giving and/or receiving feedback * Demonstrating initiative | | | **Technical skills specific to area of interest:**   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Work Experience Information** | | | | | | |
| What is the student’s job title *(eg: Volunteer Office Assistant)* | | | | | | |
| General description of the work to be performed and it’s connection to the student’s are of interest | | | | | | |
| Student Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | Employer/Supervisor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | | | Parent/Guardian Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | | CPA Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

*By their signatures, the parties signify their agreement with the terms of this student training plan. This student training plan applies to the student’s Work Experience* ***12A*** *or* ***12B*** *placement (circle the appropriate course designation).* ***Work hours must not be back dated***