**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:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **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***