



WINDSOR SECONDARY SCHOOL WORK EXPERIENCE

NAME: _____

Student Package

PLEASE KEEP THIS WITH YOU AT ALL TIMES

CONTENTS:

Work Experience Training Plan

✓ Safety Questionnaire -to be done first day, keep in file

✓ Student Time Log -to be done daily after each shift

✓ Self-Evaluation -complete at end of your WEx

Employability Skills -reference these skills in your Reflective Report

✓ Reflective Report -complete at the end of your WEx

✓ Thank You Letter Template Sample -provide final signed copy
to your teacher for mailing to employer on completion

✓ Updated Resume with new WEx on it -complete at the end of your WEx

✓ **All the above will be marked and worth 50% of your total mark.**

Hand into Mrs. Oliver no later than a week after you complete your job placement.



Work Experience Training Plan



Windsor
931 Broadview Drive
North Vancouver, BC V7H2E9

Business Information

Date:

Phone:

Fax:

Contact:

Placement Information

Student Name:

Start:

End:

Teacher(s):

Name:

Activity Type:

Work Experience

Activity #:

Schedule:

Dress:

Description:

Equipment to be used:

Comments:

For more information contact:

Sian Oliver

Windsor Secondary

Phone: 604-903-3700 ext. 809203

STUDENT SAFETY QUESTIONNAIRE

Student Name: _____ School: Windsor _____

Employer/Supervisor: _____

Name of Business: _____ Date: _____

Note to student: Please speak with your supervisor and answer the following questions:

1. What are the potential dangers of my job and how will I be protected from these dangers?

2. Are there any hazards (such as noise or chemicals) that I should know about, and what are the appropriate steps to take to avoid these hazards?

3. What site-specific safety orientation and training will I receive before I start work?

4. Is there any safety gear that I am expected to wear, and who is responsible for providing this gear?

5. Will I be trained in emergency procedures for things like fire or chemical spills?

6. Where are the fire extinguishers, first aid kits, and other emergency equipment located?

7. What are my workplace health and safety responsibilities?

8. Who do I talk to if I have a workplace health or safety question?

9. What is the procedure if I am injured on the work site?

10. Who is the first aid attendant? How do I contact the attendant?

Student Signature: _____



STUDENT SELF EVALUATION & REFLECTIVE REPORT

Student Information: Student Name: Phone #: Number of Completed Hours:	Placement Information: Business: Address: Supervisor: Phone: Fax: Start Date: End Date:
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Student: Please circle one below

1 -Unsatisfactory 40%
(does not meet expectations)

2 -Satisfactory 60%
(meets minimum expectations)

3 -Good 75%
(consistently meets expectations)

4 -Excellent 90%
(exceeds expectations)

	1	2	3	4	
Communication					
• Listening skills (ability to listen and follow directions):	1	2	3	4	N/A
• Verbal communication skills (ability to communicate orally with others):	1	2	3	4	N/A
• Written communication skills (ability to write effectively):	1	2	3	4	N/A
• Reading comprehension (ability to read and understand written materials):	1	2	3	4	N/A
• Use of Technology (ability to use technology of the business and make appropriate decisions while using it):	1	2	3	4	N/A
Personal Attributes					
• Interest and enthusiasm (asks questions, cheerful, friendly):	1	2	3	4	N/A
• Attendance (arranges appointments outside of "work"; contacts employer when ill):	1	2	3	4	N/A
• Punctuality (arrives early at the workplace):	1	2	3	4	N/A
• Grooming and dress (appropriate for the workplace):	1	2	3	4	N/A
• Critical thinking (ability to evaluate situations, solve problems and make decisions):	1	2	3	4	N/A
Work Habits					
• Willingness to learn and participate (demonstrates a positive attitude towards learning and an enthusiasm towards work):	1	2	3	4	N/A
• Responsible & reliable (demonstrates a serious attitude and completes tasks on time):	1	2	3	4	N/A
• Industrious (works hard on assigned tasks, shows energy and persistence to get the job done):	1	2	3	4	N/A
• Initiative ((Offers to do extra work, works well without supervision):	1	2	3	4	N/A
• Personal ethics and respect for others (is honest, sensitive, and considerate, respects the confidential nature of the business conducted in the workplace):	1	2	3	4	N/A
• Teamwork (is cooperative, works well with others and shares the workload):	1	2	3	4	N/A
• Flexibility / adaptability (is willing to try a new approach and accept constructive criticism):	1	2	3	4	N/A
• Accuracy (is serious about ensuring that work is done correctly):	1	2	3	4	N/A

Windsor

EMPLOYABILITY SKILLS
SHEET HERE



931 Broadview Drive
North Vancouver, BC V7H2E9
Phone:604-903-3700
Fax:604-903-3701



REFLECTIVE REPORT

On a separate piece of paper, write a one-page report (computer printed) addressing the following questions related to your work experience:

1. List and describe the type of work you did and tasks you performed.
2.
 - a) Identify three safe work procedures practiced by you while attending this work experience placement.
 - b) Explain why these safety procedures are practiced at this worksite.
 - c) List the procedures for reporting accidents at this worksite.
3. List four employability skills you have developed or are developing as a result of this work experience.
4. Would you (or would you not) like to do this sort of job as a career? Explain in detail.
5. What could you have done to make this work placement more successful?
6. Describe how participating in this work experience placement will affect your Grad Transition Plan.

Return your completed work as follows:

- Safety Questionnaire
- Student Time Log
- Student Self Evaluation
- Reflective Report
- Thank you letter
- Revised Resume

to: _____

no later than: _____

Thank you Letter Template - Sample

[Your Name]
[Street Address]
[City, Prov, Postal Code]

June 7, 2013 (Current Date)

[RecipientName]
[Title]
[Company Name]
[Street Address]
[City, Prov, Postal Code]

Dear**[Recipient Name]**:

In this paragraph, express your appreciation for the opportunity to do a work experience at their business. Remember to mention any staff member (s) who may have helped you during your placement.

In this paragraph, write one or two sentences telling what your placement taught you about this type of business. Finally say what you enjoyed most about your placement.

Thank you for giving your time. It will pay off in a big way.

Sincerely,

[Your Name]
Work Experience Student
Windsor Secondary School

YOUR UPDATED RESUME HERE



WINDSOR SECONDARY SCHOOL WORK EXPERIENCE

Employer/Supervisor Package

Re:

CONTENTS:

1. Information for Employers - Safety Information for Employers
- First Day on the Job
2. Work Experience Worksite Agreement - copy for your files
3. WorkSafe BC Forms - If an accident happens (pink copies)
4. Employer Interview Evaluation Form - (Return if applicable) **
5. Employer Evaluation Form **

**Please return completed copies to:

Mrs. Sian Oliver
Work Experience Coordinator/Teacher
soliver@sd44.ca or fax 604-604-903-3701

Windsor Secondary School Career Centre
931 Broadview Drive,
North Vancouver, BC V7H 2E9



Windsor
 931 Broadview Drive
 North Vancouver, BC V7H2E9
 Phone: 604-903-3700 Fax: 604-903-3701



Student Information	School Contact Information
Student:	Contact: Joicy Szymanski
Phone:	Phone: 604-903-3700
Number of Hours:	Date:

Safety Information for Employers

The First Day on the Job

You can ease our student's transition to your workplace more effectively by:

- ➔ Discussing the hours of operation, time for breaks/lunch, confirming their work schedule, and showing them where to find the washroom.
- ➔ Giving the student a tour of the work place and introducing them to co-workers.
- ➔ Outlining important rules and regulations, especially all safety rules and procedures.
- ➔ Giving the student the name and phone number of the person to call if they may be late or absent.
- ➔ Ensuring the student clearly understands your daily expectations.

How You can Help the Student

You can enhance the experience the student has at your workplace by:

- ➔ Planning a variety of tasks and duties to make the work experience a valuable learning experience.
- ➔ Allowing the student to observe tasks before they are expected to do them.
- ➔ Providing frequent feedback on their performance and suggestions for improvement as the need arises.
- ➔ Completing the evaluation. Honest feed back is used to show the student where they are doing well and where they need to improve.

We teach our students that safety on the job comes first! You can help by:

- ➔ Showing them where the first aid kits, fire extinguishers and emergency exits are located.
- ➔ Identifying any potential hazards.
- ➔ Demonstrating the safe way to carry out work activities.
- ➔ Insisting that protective clothing and equipment be used as required.
- ➔ Providing a safe and supervised learning environment.

In the event of an accident please:

- ➔ perform on-site first aid if appropriate
- ➔ if necessary, transport student to a physician or hospital indicating to physician or hospital staff that the injury resulted from a workplace accident
- ➔ advise parents and school contact (above) or if unavailable, school principal of injury
- ➔ complete WCB First Aid Report form 7A (if applicable) and submit to WCB with a copy to the school contact

**THANK YOU FOR YOUR PARTICIPATION IN OUR CAREER PREPARATION PROGRAMS
 PLEASE RETAIN FOR YOUR INFORMATION**



Information for Employers

Work Experience - Windsor Secondary School

Phone: 604-903-3700 Fax: 604-903-3701

If you have a concern or complaint about the student's attendance, tardiness, or conduct, please contact:

Mrs. Joicy Szymanski

Work Experience Facilitator

604-903-3700 ex 809203

Email: jszymanski@sd44.ca

Our safety record with student work placements is outstanding, but in the event of an accident, please:

- 1) Take the appropriate action (eg: first aid treatment, call an ambulance, etc)**
- 2) Contact the parent or guardian listed on the Work Experience Agreement.**

In the event that the student is hospitalized, please also contact:
Ms. Brenda Bell, Windsor Secondary Principal OR Mrs. Sian Oliver,
WEX coordinator at: 604-903-3700.

During non-instructional time contact:

Deb Wanner District Administrator Learning Services 604-903-3729

Thank you for taking the time and showing an interest in hosting one of our work experience students! The time spent with you and your employees can have a significant effect on their future education and career decisions. The time spent with you can confirm they have made the right career choice, or may reveal that the job is not really what they want to do. Either way, the experience is a valuable one for them.



Work Experience Standard Worksite Agreement

Program: WEX

Date: Sep 24/13

Student Information Student: _____ Date of Birth: _____ Grade: _____ Sex: _____ Parent/Guardian: _____ Phone: _____	School Information School: Windsor Address: 931 Broadview Drive Phone: 604-903-3700 ex 809203 Fax: 604-903-3701 Contact: Joicy Szymanski
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Supervising Employer Information

Business: _____ Phone: _____ Fax: _____
 Address: _____ Email: _____
 Supervisor(s):- _____

Placement Information

Position Name: _____
 Activity Code: _____ Start Date: _____ End Date: _____ Hours: _____
 Schedule: _____
 Dress: _____
 Description: _____

Confidentiality - Students will respect the confidential nature of information within the worksite and will not knowingly disclose to any person any information obtained on the worksite.

Emergency - In case of absence, injury or emergency, please contact the Work Experience Facilitator at the number listed above.

Transportation - The parties agree that the Parent(s) or Guardian(s) and the Student are solely responsible for the Student's transportation. Except _____

 If no exceptions, write NA.

Signatures **Contract valid when all signatures are complete**

Student _____ Date _____ Parent/Guardian _____ Date _____
 Employer _____ Date _____ Union Rep _____ Date _____
(if applicable)
 Placement Supervisor _____ Principal _____

Distribution: *Employer* *Student* *School*
(or designate)

TERMS OF AGREEMENT

STANDARD WORK SITE AGREEMENT

The parties agree to a work placement for the Student with the Worksite Employer on the following terms and conditions:

- 1. **EDUCATION ACTIVITIES:** The Student agrees to work with the Work Site Employer and to comply with the organization's rules and regulations. The Work Site Employer agrees to supervise and maintain the safety of the Student and maintain confidentiality of Student information.
- 2. **STUDENT DUTIES:** The Student agrees to perform without payment those duties assigned to the Student from time to time by the Work Site Employer in consultation with the Board's representatives. The Student agrees to comply with the Work Site Employer's rules and all applicable safety regulations. Special Rules and Regulations are to be communicated by the Work Site Employer to the Student.
- 3. **SUPERVISION:** The Student agrees to be under the direct supervision of the Worksite Employer and the Work Site Employer agrees to supervise the Student at all times during the work experience placement.
- 4. **SITE SAFETY ORIENTATION:** The Work Site Employer will provide to the Student site and work-specific safety training and will not permit the Student to perform any duties unless the Student has all safety equipment required for the tasks to be performed by the Student.
- 5. **EVALUATION:** When requested by the Board, the Work Site Employer will evaluate the Student's performance of their duties, and report that evaluation in the form required by the Board, and consult with Board representatives about the evaluation.

6. **WORKERS' COMPENSATION ACT INJURY COVERAGE:** Students in a work experience placement at a standard work site are covered by the Workers' Compensation Act and are considered to be workers of the Government of the Province of British Columbia for Workers' Compensation purposes only. Coverage is limited by the terms and conditions set out in the Workers' Compensation Coverage Order (effective July 21,2011).

- 7. **REMUNERATION:** The Work Site Employer shall not be obligated to remunerate the Student for the services performed by the Student pursuant to this Agreement.
- 8. **INDEMNITY:** The Board agrees to indemnify and hold harmless the Work Site Employer, its employees and agents from any and all claims, demands, actions and costs whatsoever that may arise out of the negligent acts or omissions of the School Board, the Board's employees and the Student, in their performance of this agreement, unless such negligent acts or omissions are at the direction of or occasioned by the Work Site Employer, its employees or agents. The Work Site Employer agrees that it will not require the Student to perform any task unless such task might reasonably be expected to be within the scope of the Student's training and abilities.
- 9. **INSURANCE:** The Board shall maintain liability coverage to protect the School Board, the Board's employees, and the Student during their performance of this agreement. The Board will not be responsible for any loss or damage to the Work Site Employer's property unless such loss or damage is due to the willful acts or omissions of the Student or is caused by the Student acting outside the Student's authorized duties.
- 10. **TERMINATION OF AGREEMENT:** Any party to this Agreement may end it at any time by giving notice in writing to all other parties at the addresses given in this Agreement.
- 11. **EXCEPTION:** The employer may employ the Student beyond the agreed hours, but must supply WCB coverage.
- 12. **EFFECT ON EMPLOYEES:** The Work Site Employer agrees that the placement of the Student will not affect the job security of any employee of the Work Site Employer and will not affect the Work Site Employer's hiring practices. The placement of the Student will be in addition to the Work Site Employer's full complement of employees. The Student will not be a replacement for any employee.
- 13. **EFFECTIVE PERIOD and HOURS:** The Agreement shall, unless sooner terminated, be effective for the hours and days note on the reverse of this document. Working hours shall be as agreed upon on the reverse of this document or other such hours agreed by the Board and the Work Site Employer. If the Student is required by the Work Site Employer to travel during the work experience hours, this remains the responsibility of the Parent/Student.
- 14. **FREEDOM OF INFORMATION WAIVER:** The Student and Parents agree that the District and its employees may disclose relevant information to the Work Site Employer regarding the Student.
- 15. **REFERENCE:** In this Agreement a reference to the School Board includes Board officers, employees or representatives acting within the scope of their employment.
- 16. **BOARD ACCESS:** The Work Site Employer agrees to allow Board of Education representatives to have access at any time to the Work Site Employer's work site and the Student.

17. **NOTICE OF INJURY:** **The Work Site Employer will, if a Student is injured, immediately report the occurrence of injury to the Board by contacting the school Principal or Vice Principal immediately, and then the Work Experience Facilitator. Outside of school hours contact the parent/guardian or emergency contact, then the school.**

The information on this form is collected under the authority of sections 13 and 97 of the School Act and will be used for the purpose of administering the Student's education program. If you have any questions about the collection or use of this information, contact the Superintendent's Office, North Vancouver School District #44, 2121 Lonsdale Avenue, North Vancouver, V7M 2K6 Phone Number: 604-903-3444.

WORKSAFE BC FORMS -PINK



WINDSOR SECONDARY SCHOOL

931 Broadview Drive, North Vancouver, BC V7H 2E9
Telephone 604-903-3700 Fax: 604-903-3701

WORK EXPERIENCE PROGRAM

**EMPLOYER'S EVALUATION:
STUDENT INTERVIEW**

Business Name: _____ **Employer Name:** _____

Student: _____ **Date:** _____

(Please indicate choice with a ✓)

Student's:	Needs Improvement	Average	Exceeds Expectations
Punctuality			
Handshake			
Resume/Cover Letter			
Appearance			
Eye Contact			
Poise/Confidence			
Attitude			
Verbal Expression			
Clarity of Objective (realistic, appropriate expectations)			

Additional comments:



Windsor
 931 Broadview Drive
 North Vancouver, BC V7H2E9
 Phone:604-903-3700
 Fax:604-903-3701



WORK EXPERIENCE EMPLOYER/SUPERVISOR EVALUATION

<p>Student Information:</p> <p>Student Name:</p> <p>Phone #:</p> <p>Number of Completed Hours:</p>	<p>Placement Information:</p> <p>Business:</p> <p>Address:</p> <p>Supervisor:</p> <p>Phone: Fax:</p> <p>Start Date: End Date:</p>
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Employer: Please circle one below

	1 -Unsatisfactory 40% (does not meet expectations)	2 -Satisfactory 60% (meets minimum expectations)	3 -Good 75% (consistently meets expectations)	4 -Excellent 90% (exceeds expectations)	
Communication					
ε Listening skills (ability to listen and follow directions):	1	2	3	4	N/A
ε Verbal communication skills (ability to communicate orally with others):	1	2	3	4	N/A
ε Written communication skills (ability to write effectively):	1	2	3	4	N/A
ε Reading comprehension (ability to read and understand written materials):	1	2	3	4	N/A
ε Use of Technology (ability to use technology of the business and make appropriate decisions while using it):	1	2	3	4	N/A
Personal Attributes					
ε Interest and enthusiasm (asks questions, cheerful, friendly):	1	2	3	4	N/A
ε Attendance (arranges appointments outside of "work"; contacts employer when ill):	1	2	3	4	N/A
ε Punctuality (arrives early at the workplace):	1	2	3	4	N/A
ε Grooming and dress (appropriate for the workplace):	1	2	3	4	N/A
ε Critical thinking (ability to evaluate situations, solve problems and make decisions):	1	2	3	4	N/A
Work Habits					
ε Willingness to learn and participate (demonstrates a positive attitude towards learning and an enthusiasm towards work):	1	2	3	4	N/A
ε Responsible & reliable (demonstrates a serious attitude and completes tasks on time):	1	2	3	4	N/A
ε Industrious (works hard on assigned tasks, shows energy and persistence to get the job done):	1	2	3	4	N/A
ε Initiative ((Offers to do extra work, works well without supervision):	1	2	3	4	N/A
ε Personal ethics and respect for others (is honest, sensitive, and considerate, respects the confidential nature of the business conducted in the workplace):	1	2	3	4	N/A
ε Teamwork (is cooperative, works well with others and shares the workload):	1	2	3	4	N/A
ε Flexibility / adaptability (is willing to try a new approach and accept constructive criticism):	1	2	3	4	N/A
ε Accuracy (is serious about ensuring that work is done correctly):	1	2	3	4	N/A

Comments and Suggestions

Do you think this career field would be appropriate for this student?

Yes No

Please comment:

Supervisor's Signature: _____ **Tel. #:** _____ **Date:** _____

**THANK YOU FOR COMPLETING THIS EVALUATION.
PLEASE RETURN BY FAX OR MAIL TO THE SCHOOL LISTED ON FRONT PAGE.**



WINDSOR SECONDARY SCHOOL WORK EXPERIENCE

Parent Package
Permission Forms

Student Name: _____

Return Package by: _____

Contents:

- Worksite Agreement + Terms of Agreement (sign)
- Getting the Most from your WEX
- Travel and Activity Approval Form (sign)
- Field Trip Notification Form (if applicable)(sign)

Information regarding the Work Experience Program
is available on the website:

<http://sianoliver.weebly.com>



Work Experience Standard Worksite Agreement

Program: WEX

Date: Sep 24/13

Student Information Student: _____ Date of Birth: _____ Grade: _____ Sex: _____ Parent/Guardian: _____ Phone: _____	School Information School: Windsor Address: 931 Broadview Drive Phone: 604-903-3700 ex 809203 Fax: 604-903-3701 Contact: Tiana Reid
---	--

Supervising Employer Information		
Business: _____	Phone: _____	Fax: _____
Address: _____	Email: _____	
Supervisor(s):- _____		

Placement Information			
Position Name: _____	Start Date: _____	End Date: _____	Hours: _____
Activity Code: _____			
Schedule: _____			
Dress: _____			
Description: _____			

Confidentiality -	Students will respect the confidential nature of information within the worksite and will not knowingly disclose to any person any information obtained on the worksite.
Emergency -	In case of absence, injury or emergency, please contact the Work Experience Facilitator at the number listed above.

Transportation -	The parties agree that the Parent(s) or Guardian(s) and the Student are solely responsible for the Student's transportation. Except _____
	If no exceptions, write NA.

Signatures				Contract valid when all signatures are complete			
Student _____	Date _____	Parent/Guardian _____	Date _____	Employer _____	Date _____	Union Rep _____	Date _____
		<small>(if applicable)</small>					
Placement Supervisor _____				Principal _____			

Distribution: *Employer* *Student* *School*

(or designate)

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17. **NOTICE OF INJURY:** **The Work Site Employer will, if a Student is injured, immediately report the occurrence of injury to the Board by contacting the school Principal or Vice Principal immediately, and then the Work Experience Facilitator. Outside of school hours contact the parent/guardian or emergency contact, then the school.**

The information on this form is collected under the authority of sections 13 and 97 of the School Act and will be used for the purpose of administering the Student's education program. If you have any questions about the collection or use of this information, contact the Superintendent's Office, North Vancouver School District #44, 2121 Lonsdale Avenue, North Vancouver, V7M 2K6 Phone Number: 604-903-3444.



Windsor
 931 Broadview Drive
 North Vancouver, BC V7H2E9
 Phone: 604-903-3700 Fax: 604-903-3701



Student Information	School Contact Information
Student:	Contact: Tiana Reid
Phone:	Phone: 604-903-3700
Number of Hours:	Date:

Information for Students and Parents

GET THE MOST OUT OF YOUR WORK EXPERIENCE!

The following information outlines the roles and responsibilities related to the work experience component of Career Programs.

Student's Responsibilities:

- ε Complete necessary forms for work
- ε Continue to attend all scheduled school program-related activities as required
- ε Maintain punctual attendance at the worksite. Notify worksite employer and school staff if unable to report to work
- ε Observe the days and hours of work at the work place as specified by the Work Experience Agreement or by your worksite supervisor
- ε Conduct yourself at the worksite in a manner that brings credit to your school
- ε Demonstrate a positive attitude toward learning at the worksite
- ε Ask questions
- ε Act responsibly and perform tasks in a safe manner while at the worksite
- ε Understand the rights and responsibilities of employees in the work place
- ε Reflect upon the value of this work experience on your future plans
- ε Report any injury to the workplace supervisor and school contact immediately

Parent's Responsibilities:

- ε Be informed about your son/daughter's work experience (e.g. where, when, who, how many hours etc)
- ε Ask your son/daughter about their responsibilities at the work placement
- ε Ensure that your child has appropriate and safe transportation to and from the worksite
- ε Discuss health, safety, supervision and dangers in the workplace with your son/daughter
- ε Encourage your child to ask questions about safety in the workplace
- ε Contact the school with any concerns about a work placement

PLEASE RETAIN FOR YOUR INFORMATION



Windsor
 931 Broadview Drive
 North Vancouver, BC V7H2E9
 Phone: 604-903-3700 Fax: 604-903-3701



WORK EXPERIENCE TRAVEL & ACTIVITY APPROVAL FORM

(For unsupervised travel to, from and attendance at:
 interviews, field trips, career fairs and seminars)

Student Information: Student: Address: <p style="text-align: center;">North Vancouver, BC</p> Grade: Guardian: Phone:	School Contact Information: Contact: Tiana Reid Phone: 604-903-3700 Ex 809203 Date:
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Work Experience Activity: Business: Address: Phone: Supervisor(s): Start Date: End Date:

I APPROVE THE TRAVEL TO THE ACTIVITY ABOVE, UNDERSTANDING THE TRANSPORTATION IS THE RESPONSIBILITY OF THE STUDENT, AND THE SAFETY IS THE RESPONSIBILITY OF THE PARENT OR GUARDIAN, AS A TEACHER WILL NOT BE IN ATTENDANCE OR TRAVELLING WITH THE STUDENT.

Signatures: Student: _____ Date: _____ Parent/Guardian: _____ Date: _____ Principal/Teacher: _____ Position/Title: _____ (or designate) Date: _____

STUDENT - THIS FORM MUST BE SIGNED AND RETURNED TO YOUR TEACHER OR WORK EXPERIENCE FACILITATOR PRIOR TO WORK EXPERIENCE ACTIVITY

Field Trip Notification Form [HERE](#)

If you are missing classes you must get your teachers to sign this form.