

**1. COLLECTION OF PERSONAL INFORMATION:** Personal information is collected under the authority of s. 265(1)(d) of the *Education Act*, and pursuant to sections 28(2) of the *Municipal Freedom of Information and Protection of Privacy Act*. The information collected on this application will be used for (i) the purposes of assessing and determining suitable candidates for a Cooperative Education program, (ii) enrolling successful candidates in the program, and (iii) matching the candidates to an appropriate cooperative education placement. For further information contact: Co-op Consultant, Waterloo Catholic DSB, 35 Weber St, Kitchener, ON, N2H 3Z1, 519-578-3660.

**2. CONSENT TO DISCLOSE PERSONAL INFORMATION:** To permit a Cooperative Education placement, it is necessary for the Waterloo Catholic DSB to share the names, contact information, work experience, and academic achievements of individuals who are being considered for a Cooperative Education placement with internal and external participating businesses and agencies. By submitting this form you are consenting to the Waterloo Catholic DSB sharing the information contained in this application form as required.

### Co-op Program you are applying for:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Regular Co-op</b>                           | <input type="checkbox"/> <b>CCEP</b> (College Co-op)    | <input type="checkbox"/> <b>Community Build Program</b>                           |
| <input type="checkbox"/> <b>OYAP</b> (Co-op in an Apprenticeship Trade) | <input type="checkbox"/> <b>UCEP</b> (University Co-op) | <input type="checkbox"/> <b>CAPP</b> (College Apprenticeship Preparation Program) |
|   | <input type="checkbox"/> <b>Summer Co-op</b>            |   |

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Which post-secondary pathways are you considering?

- APPRENTICESHIP       COLLEGE       UNIVERSITY       WORK

Future careers or programs you are considering? \_\_\_\_\_

### Where would you like to be placed for your co-op term? (please indicate 3 different career choices)

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

### Transportation (please indicate the method you plan to use to get to your co-op placement):

- Car       Ride       GRT Bus      Other: \_\_\_\_\_

### Courses and/or experience you have related to job/co-op placement:

### Proficient in the following computer software applications:

### List part-time job(s) and/or volunteer work:

### Involvement on Teams/Clubs/Organizations:

★ **Applicants must also submit 2 Teacher Reference forms from teachers who have taught or coached you recently.**

**NOTE: Co-op students are responsible for placement costs (e.g., transportation, safety equipment). However, costs should not deter students from requesting co-op. Schools will support co-op students with financial concerns.**

Applicant's Signature: \_\_\_\_\_

### INTERVIEW COMMENTS:

ACCEPTANCE:       YES       NO

\_\_\_\_\_  
Interviewer's Signature