

Nackawic High School

CO-OPERATIVE EDUCATION 120

(Please check Co-op for which you are interested)

- ☐ 3 Credit Co-op ☐ 2 Credit Co-op ☐ Skilled Trades Co-op ☐ Early Childhood Co-op
☐ Long Term Care Co-op

Co-op Education 120 is designed for students wishing to explore their career potential through self-assessment and workplace experience. Due to the experiential nature of this course, Co-op Education 120 has limited enrolment.

This Expression of Interest form must be completed in full and returned to Mr. Gallop's mailbox. The form should be given to one of your teachers that are willing to support your interest in Co-op Education. Your teacher will return the form to the Co-op Education Teacher. Following receipt of your Expression of Interest form, you will be notified of an interview. Please read this form carefully.

Name: _____

Phone: _____ Grade: _____ Homeroom Teacher: _____

Students interested in Co-op Education are expected to demonstrate regular attendance and be capable of representing the school in a mature and responsible manner. Every attempt will be made to place students into career areas of their first choice. If an area of work is unavailable it may become necessary to use an alternative choice.

Below is a list of career areas you may be interested in. Please prioritize from 1-highest to 5-lowest. If you have any ideas of where you would like to be placed, please indicate in the space provided.

Priority	Career Area	Suggested Placement (if known)
	Retail	
	Childcare	
	Trades (please specify)	
	Hospitality & Tourism	
	Office/Clerical	
	Teaching	
	Veterinarian	
	Health Care	
	Other (please specify)	

Why do you wish to participate in Co-op Education?

How will you travel to and from your work placement? (**Transportation is not provided by the School**)

PARENTAL ACKNOWLEDGEMENT

I am aware that my son/daughter has expressed an interest in Co-op Education 120 and, if she/he is accepted, will accept responsibility for transportation and regular attendance both at school and at work.

All students are covered by New Brunswick Workers' Compensation with all costs thereof being covered by the Province of New Brunswick Department of Education. ASD-W recommends that all students accepted for Co-op Education purchase Student Accident Insurance.

Parent/Guardian signature

Date

TEACHER REFERENCE

_____ has expressed an interest in Co-op Education 120. Co-op Education 120 provides students with the opportunity to explore their interests, aptitudes and skills, and to participate in out-of-school workplace learning experiences as part of their high school program. As part of the process, your comments regarding the suitability of this student will be most helpful. Please provide any comments to help in evaluating this student's Expression of Interest form and ability to represent NHS in a responsible and mature manner in the workplace. Please return this form directly to us or place it in our mailbox.

Thank you. Your assistance and cooperation is very much appreciated.

Mr. Gallop

Would you recommend or not recommend this student for Co-op Education and why?

Teacher Signature: _____

Date: _____