Work Experience



Employment/Educational Opportunities

Work experience is designed to prepare students for the transition from Secondary school to the world of work or further training and education. It provides an opportunity for students to connect what they learn in the classroom with the skills and knowledge needed in the workplace and in society in general. Work experience allows students the opportunities to observe and practice the employability skills and attitudes required in the workplace, while exploring possible careers in their chosen focus area. In addition Work Experience allows students to develop self – reliance, self - direction, and the self – confidence necessary for effective teamwork, life-long learning and workplace success.



Requirements for program admission:

Students must be 14 years of age or older, attending High school and willing to complete 100 hours of Work Experience.

To qualify students must complete an application package, including parent/guardian signatures. Students are encouraged to complete one-week placements in order to gain authentic insight into their chosen career focus area. To ensure course credit and completion, it is essential that students return all documentation including self-evaluations/reflections.

Courses to be taken at High school:

COURSE	CREDITS	GRADE	REQUIREMENTS
WEX 12A	4	Grades 11, 12 school year	100 hours of work experience
WEK 12B	4	Grades 11, 12 school year	100 hours of work experience

In order for credited to be earned students must complete placement hours, and submit all assignments and forms. Students must complete WEX12A before starting WEX12B. Credits for paid or non-paid work experience that occurred in the past, is not permitted. (No back dating)

Work Experience 12A & 12B



Application Requirements

Applicant: keep this form for your records

Ар	plicants must meet the following requirements:					
	1 0					
Ste	p 1:					
	parent signatures).					
	Package can be submitted to your high school counselor/or office.					
Ste	p 2:					
	nen the application package has been processed, students will be contacted regarding the following uirements:					
	Workplace Safety Package Placement Request Form(s) Work Experience 12 Training Plan - (To be completed before hours to be worked.) Career Programs Work Term Report Student Reflection					

Only complete application packages will be processed.

Career Programs Application



Name (p	please print clearly)		
Current	Grade		
	ITA YOUTH TRAIN IN TRADES		ITA YOUTH WORK IN TRADES
	Automotive Service Technician		Specify trade
	Hairstylist		REGIONAL CAREER PROGRAMMING (RCP)-UFV Specify Course Option:
	Welding		
			WORK EXPERIENCE
			WEX 12A
			WEX 12B
l,			do hereby declare that I will:
AdhBe i	nere to the School District Code of Conduct nere to the School Code of Conduct in attendance at all courses intain passing grades in all courses		
	vare that this program is a challenging opportunit iwack School District.	y and am wil	ling to abide by the rules set forth
 Student	's Signature	Parent's	Signature
Date:		Date:	

District Career Programs Registration Form



STUDENT INFORMATION				
Legal Last Name				
Preferred First Name				
Birth Date (Day/Month/Year)				
Home Phone	CELL Phone			
dent email (please print clearly) Grade				
IMMIGRATION/CITIZENSHIP STATUS				
International Student □				
ADDRESS INFORMATION				
Street Address				
Apt No	City			
Province	Postal Code			
Mailing address (if different from above				
PROGRAM Have you had learning assistance in middle of ELL (English Language Learner) □ Special Education □ − which program? *I have an IEP (Individualized Education Plan)				
PARENTS/GUARDIANS				
First Contact				
Relationship to student				
Last Name	First Name			
Address (if different than student)				
Home Phone	Work Phone			
Cell phone	Email			
Second Contact				
Relationship to student				
Last Name	First Name			
Address (if different than student)				
Home Phone	Work Phone			
Cell phone	Email			

Are there any legal documents in force re custody/guardianship/access? Yes □ No □					
If so, please explain briefly					
Have you provided a copy of these legal documents to the school? Yes \square No \square					
MEDICAL INFORMATION Dr Name	Phone				
Care Card No.					
Allergies and Conditions					
Are any of these conditions life the	reatening? Yes No If so, which?				
Life Threatening Conditions/Medic	cations or Treatment Required:				
Condition	Treatment				
(AP 327 – Medical Alert Conditions, AP328 – Acavailable at the school office or on the District v	dministration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are website).				
Name (printed)	Signed				
Dress Code:	(Parent/guardian)				
It is expected that students confor	rm to district dress code guidelines in addition to work site specific Professional office attire, Personal Protective Equipment, Uniform				
Date:	Signature:				
consent to use personal information to below if you authorize disclosure as d I give my consent for release of my na	formation and Protections of Privacy Act, Chilliwack School District requires for purposes unrelated to educational programs. Please sign for each item				
Date:					
Student Images Your child's photograph may be used educational program. In addition, you	for administrative and identification purposes consistent with providing an ur child's name, photograph and comments may be published in the school ure, school video or in a district annual report, calendar or website.				
I consent to the use of my child's nam	ne, photograph and comments for purposes consistent with the above.				
Date:	Signature				
consent. However, are various times	classrooms or in school yards during school hours without student or parenta throughout the school year, the school may invite spectators – including events (school play, concert, sporting event, special classroom activities.				
consistent with the above.	ld's name, photograph and comments in the news media for purposes Signature				
Date:					