





## **MACKENZIE HEALTH SUMMER CO-OP APPLICATION 2025**

Students who have the requisite educational background, and demonstrate responsibility, motivation, commitment, and the willingness to learn in an adult workplace environment will be considered for entry into the program. Where a student's readiness or commitment is not sufficiently evident, his or her acceptance into the co-operative education program may be deferred until the requirements are met.

Student Name	Ontario Education Number (OEN)	Home School	
Current Grade	# of completed credits at the end of this school year	Age as of June 30, 2025	
Email Address		Cell Phone Number	
Home Address	Home Phone Number		
MACKENZIE HEALTH HOS	PLACEMENT 2 <sup>ND</sup> CHOICE	EST OF HOSPITAL PL	ACEMENT
SHSM Sector:			
MPLOYMENT and/or VC	DLUNTEER EXPERIENCE		
Company/Organization	Type of Work/Ta	asks	Dates
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## **Important Dates**

Students applying to the Summer Cooperative Education Program must commit to the entire duration of the program - May 6th to August 1st, 2025 PLUS a required two-week volunteer assignment from August 5th - 18th, 2025. **Application Deadline** ☐ 4pm on Monday February 24, 2025 **Interview Dates** ☐ TBD Pre-placement Classes: Virtual and in-person at Richmond Green Secondary School at 1 William F. Bell Pkwy, Richmond Hill, ON L4S 2T9 ☐ Tues., May 6 (5-9 pm in person @ RGSS) ☐ Tues., May 13 (5-9 pm virtual) ☐ Tues., May 20 (5-9 pm virtual) ☐ Tues., May 27 (5-9 pm virtual) ☐ Tues., June 3 (5-9 pm virtual) ☐ Tues., June 10 (5-9 pm virtual) ☐ Tues., June 17 (5-9 pm in person @ RGSS) ☐ Thurs., June 26 (5-9 pm virtual) **Mackenzie Health Hospital Orientation Date:** Date to be determined - June 2025 (Mandatory) Integration Class Dates: Virtual and in-person, location to be determined at a later date Placement Dates: Mackenzie Health Hospital ☐ July 2nd - August 1st, 2025, Monday to Friday, 8:00 am — 4:00 pm Mandatory volunteer two-week assignment at Mackenzie Health Hospital: ☐ Tuesday, August 5th, 2025 – Monday, August 18th, 2025

Application Deadline: 4pm on Monday, February 24, 2025

Please note, dates are subject to change, within the parameters of the course.

## PARENT CONTACT INFORMATION

	Cell #	Business #	Home #			
Primary Parent/Guardian Name:						
Primary Parent/Guardian Email:						
INSURANCE COVERAGE Workplace Safety and Insurance Act, 1997 Most students are covered under the Workplace Safety and Insurance Act. Board Insurance: Students and training organizations are insured against a lawsuit arising out of the negligence of the student while performing duties within the Co-op assignment. The Board does not cover personal injuries to students. Student Accident Insurance: All students are encouraged to obtain Student Accident Insurance.						
MUNICIPAL FREEDOM OF INFORMATION (MFIPA) "Pursuant to subsection 29(2) of The Municipal Freedom of Information and Protection and Privacy Act, and under the authority of the Education Act, the personal information obtained for the purposes of Cooperative Education, Apprenticeship and School-Work Programs will be used for the on-going administration of appropriate placements. If you have any questions about the information collected, please contact the SHSM & Co-op Ed. Consultants at 416-221-5050 or 905-713-1211.						
Student Signature	Parent/Guardian Signature					
Year / Month / Day	Year / Month / D	ay				
REFERENCES						

State the names of <b>two</b> teachers who will act as a reference for you and complete the teacher reference form. Your contact with them should be recent, and one teacher should be in the subject area related to your placement of interest, ie. Biology for a healthcare placement.				
1	2			
Print two copies of the reference form for Mackenzie Health and provide a copy to your reference listed above. References must be uploaded to the google form alone with your application form.				