



**SCARBOROUGH HEALTH NETWORK
HIGH SCHOOL CO-OPERATIVE EDUCATION
APPLICATION FORM**

SCHOOL BOARD NAME: _____

REMEMBER: ATTACH A CURRENT RESUME AND COVER LETTER TO YOUR APPLICATION.

SECTION A – TO BE COMPLETED BY STUDENT
All sections of this application form must be completed accurately and legibly.
*NOTE: incomplete application forms will not be accepted.

FIRST NAME: _____ LAST NAME: _____
HOME NUMBER: _____ E-MAIL ADDRESS: _____
EMERGENCY CONTACT NAME: _____ NUMBER: _____
SCHOOL NAME: _____ TEACHER'S NUMBER: _____
CO-OP TEACHER'S NAME: _____ E-MAIL ADDRESS: _____

CO-OP PLACEMENT REQUESTS

PLEASE SELECT AND SPECIFY YOUR PREFERRED DEPARTMENT/UNIT FOR YOUR CO-OP PLACEMENT:

- Clinical (Patient Facing): _____ Non-Clinical (Administrative): _____ No Preference

PLEASE SELECT YOUR PREFERRED HOSPITAL SITE:

- Birchmount Site: 3030 Birchmount Rd (Birchmount, North Of Finch Ave)
 General Site: 3050 Lawrence Ave East (McCowan Rd & Lawrence Ave E)
 Centenary Site: 2867 Ellesmere Rd. (Neilson Rd. & Ellesmere Rd.)
 No Preference (**NOTE: if you select this option, you will be placed at any of the 3 sites listed above**)

PLEASE SELECT THE SEMESTER YOU ARE COMPLETING YOUR CO-OP EDUCATION?

- SEMESTER 1 (September – January) SEMESTER 2 (February – June) SUMMER (July – August)

PLEASE STATE YOUR CO-OP SCHEDULE:

- Full Day _____ Half Day A.M. _____ Half Day P.M. _____ Other _____
(Hours) (Hours) (Hours)

CO-OP START DATE: _____ CO-OP END DATE: _____

WHAT DAY WILL YOU BE IN-SCHOOL FOR YOUR CO-OP PROGRAM?

- Monday Tuesday Wednesday Thursday Friday



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SECTION B – TO BE COMPLETED BY STUDENT

A. PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Why would you like to complete your co-op placement at SHN?

2. How will this co-op placement help you in choosing a career?

3. As a co-op student, how do you plan to contribute to SHN in your placement?
(Discuss your volunteer experience, personal strengths, and prior relevant experience.)

4. What research have you completed to explore your career pathway?
(EXAMPLE: Personal interviews, internet, career center, guidance counsellors)

STUDENT'S FULL NAME: _____

STUDENT'S SIGNATURE: _____