



Student Information

Student Name: _____ Home Phone: _____

Student Email: _____ Cell Phone: _____

Work Site Information

Worksite Location (Business Name): _____

Worksite Address:

Worksite Supervisor: _____ Position: _____

Worksite Phone Number: _____ Email: _____

Worksafe BC (WCB) Number: _____

Employer On – Site Safety Orientation Provided: Yes No

Estimated Number of Hours to be worked: _____

Work Schedule: Hours/Dates must occur in the future:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Dates:							

Student Focus Area:

- Business & Applied Business
- Fine Arts, Design & Media
- Fitness & Recreation
- Health & Human Services
- Liberal Arts & Humanities
- Science & Applied Science
- Tourism, Hospitality & Foods
- Trades & Technology
- Other: _____

My current career plans include the following: _____

Educational Plans:



List three (3) courses you have taken and describe how they relate to your focus area as indicated on previous page:

- 1. Course: _____ Relate: _____
- 2. Course: _____ Relate: _____
- 3. Course: _____ Relate: _____

Job Title: _____

Please list the specific duties/tasks/skills to be performed and developed:

Basic Duties /Tasks/Skills	Observed	Performed with Help	Performed Alone
(eg: Schedule customer appointments in daily calendar)			
1.			
2.			
3.			

Please Check (✓) the Employability Skills that you practiced during your placement.

- | | | |
|---|--|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Organized Planning |
| <input type="checkbox"/> Use of Numbers | <input type="checkbox"/> Adaptability | <input type="checkbox"/> Problem Solving |
| <input type="checkbox"/> Willingness to learn | <input type="checkbox"/> Workplace Safety | <input type="checkbox"/> Effective Time Management |

I understand that it is my responsibility to check in with the WEX Coordinator/ Teacher on a regular basis and complete the course by the required due date.

Student/Parent or Guardian:

Students Name (Print): _____ Signature: _____
 Parent Signature: _____ Date: _____

School:

Contact Name: _____ Signature: _____
 Date: _____

Employer:

Contact Name: _____ Signature: _____
 Date: _____