

A REGIONAL CO-OPERATIVE EDUCATION PROGRAM

"CARING FOR THE FUTURE"

WILLIAM OSLER HEALTH CENTRE BRAMPTON CIVIC HOSPITAL

The Peel District School Board and Brampton Centennial Secondary School are pleased to be partnering with William Osler Health Centre and Brampton Civic Hospital, to provide regional co-op learning opportunities for students exploring and planning careers in the health care sector. "Caring for the Future" is a full semester program. The student will earn 4 credits for the coop experience.

The student must be:

- enrolled in grade 11 or 12 of a semester school
- planning to attend college/university
- seriously interested in investigating a career in the Health Care sector

Students will be provided with placements in 2 different areas of the hospital. Hospital rotations are determined after the interviews are completed. The students' interests will be considered.

Student applicants will:

- provide two references using the forms in sections C and D
- provide a current resume and status sheet
- answer the questions in section B
- attend an interview at the hospital
- * complete the Co-op Student Immunization Record Form **PRIOR** to the start of the placement
- purchase a shirt at a cost of \$15 to be worn while on placement in the hospital
- be provided with free parking, if requested, at the volunteer department.

*All students **MUST** submit proof of their updated immunization status and have completed a 2 step TB test **BEFORE** placement can start. The TB test takes 2-3 weeks to complete. Immunization forms will be handed out at the interview.

APPLICATION DEADLINES: Dec. 15, 2015 for the Semester 2 program-Feb. 2016
May 15, 2016 for the Semester 1 program-Fall 2016

Forward completed applications to:
Brampton Centennial S.S.
"Caring For The Future"
Ms. M. Feilders

"CARING FOR THE FUTURE" PLACEMENT APPLICATION

WILLIAM OSLER HEALTH CENTRE- BRAMPTON CIVIC HOSPITAL

CENTRAL CONTACT: Ms. M. Feilders

Brampton Centennial S.S.

(905) 451-2860; fax 905-451-4756

Brampton Civic Hospital 905-494-2120 ext. 58328

SCHOOL: _____ **TELEPHONE NUMBER:** _____

CONTACT TEACHER: _____

CO-OP TEACHER INFORMATION: Please ensure that the complete application, **with support documents**, has been **processed through you**, and sent to Ms. M. Feilders at Brampton Centennial S.S. for arrival by **May 15** for the Semester 1 program (September 2014) and **December 15** for the Semester 2 program (February 2015).

**SECTION A
STUDENT INFORMATION**

Student Name: _____ Home Phone: _____

Peel Student Number _____

School Name: _____ School Phone #: _____

Level of Study:

Pertinent school subjects: e.g. Grade 11, Biology, University Preparation Course

Completed: _____

Presently taking: _____

Anticipated number of credits completed by the start of placement: _____

SECTION B

ON A SEPARATE SHEET OF PAPER, ANSWER THE FOLLOWING QUESTIONS:

1. Why have you requested a placement in the regional co-op program at William Osler Health Centre or Brampton Civic Hospital?
2. How will this placement help you with your career choice?
3. What can you contribute as a Co-op student in this placement? (Discuss your volunteer work, personal strengths, and prior relevant experience.)
4. What research have you done to explore this career? (i.e. personal interviews, internet, career centre, guidance counsellors)

Attach a current resume and status sheet.

SECTION C
ONE REFERENCE FORM TO BE COMPLETED BY A CURRENT TEACHER

Please rank the student on a scale of one (1) to four (4), with four being the highest ranking:

Commitment to a Health Care Career	1	2	3	4
Ability to be a good team player:	1	2	3	4
Ability to plan and initiate own learning:	1	2	3	4
Problem solver:	1	2	3	4
Capacity to take direction:	1	2	3	4
Dependability:	1	2	3	4

In this section, please provide an outline of why you think this student would be an appropriate candidate for the 'Caring for the Future' program.

Teacher's Name (please print)

Subject Taught

Signature

Date

Telephone #: () _____ ext. _____ e-mail: _____

SECTION D

**ONE REFERENCE FORM TO BE COMPLETED BY A COMMUNITY MEMBER
NOT A FAMILY MEMBER (eg. employer, coach)**

Co-op Student's DATE:
Name: _____
First Name Last Name

Referee Position

Name Employment

Relationship to Student: Number of years
known:

Circle **nature** of personal business ,
relationship
Circle **level** of well known moderately known somewhat known
relationship

Referee's address

Number Street Unit City Postal Code

Please provide an outline of why you think this student would be an appropriate candidate for the "Caring for the Future" program at the William Osler Health Centre. Please include information regarding interpersonal skills, teamwork, ability, dependability, problem-solving skills and any other pertinent information.

Signature of Referee: Phone Number:

The co-op student requesting completion of this reference letter by signature is giving permission to give the information as requested to be used as part of the application process to become a co-op student at the William Osler Health Centre

Co-op Student's Signature Date

