Co-op Education Application Package

To Apply: Complete this package as directed below. Completed applications must be submitted to the Co-Operative Education teacher at your school. All applications to St. Joseph's will be coordinated through the board representative.

- **Student Statement of Responsibility** (this page signed)
- **Student Application Form**
- **Email of a reference**
  - A teacher who knows you well, an employer, a volunteer supervisor or unrelated adult
- **Communicable Disease Form** – ONLY START FORM UPON ACCEPTANCE INTO THE PROGRAM.
  - It takes approximately three/four weeks to complete making it necessary to schedule the appointment with the family doctor as soon as possible
  - No student can start a placement before approval of this form

Incomplete Application Packages will not be considered.

Student Statement of Responsibility

St. Joseph's Healthcare Hamilton (SJHH) is a teaching hospital committed to education and research while providing exemplary care for the sick. SJHH is associated with McMaster University and Mohawk College. Experiential learning opportunities for high school students fit into the mandate to provide education.

Students who have been accepted for a placement must honour the privilege by assuming the responsibility to uphold the standards and policies of St. Joseph's Healthcare, Hamilton & the Volunteer Resources Department as instructed during the interview, orientation and training and as provided in the SJHH Co-op Reference Guide.

When in the placement area, you must:

- Respect confidentiality and privacy of patient information (This is a legal requirement and moral responsibility)
- Take caution to work safely as instructed by staff, in accordance with the Occupational Health and Safety Act, reporting any unsafe situations or equipment and not undertaking any actions without training. Any accident/incident must be reported to your placement manager and your teacher to ensure proper follow up and documentation is complete.
- Maintain infection control practices by washing hands properly and frequently, not entering isolation areas and determining if you are too ill to be in your placement area
- Adhere to the corporate professional image standard, being sure to wear the assigned co-op golf shirt and ID badge at all times.
- Maintain a high code of conduct in speech, appearance and actions,
- Have excellent attendance being punctual and reporting any absences in a timely manner,
- Be motivated to learn, willing to help and pleasant

By signing, the applicant is agreeing to accept the responsibilities of the placement.

_____ _____

Signature Date

St. Joseph's Healthcare Hamilton
High School Co-operative Education Program
Student Application Form

Name: Last: _____ First: _____

Address: _____ Apt. #: _____ City: _____

Postal Code: _____ E-Mail Address: _____

Phone: Home: _____ Cell: _____ Other: _____

In care of emergency, contact person: _____ Phone: _____

School: _____Co-op Teacher: _____ Email: _____

AM or PM Placement:
What are the 4 placements opportunities currently available that interest you most:
1) **2)** **3)** **4)**

Why have you selected these placements? What appeals to you in the placement?

What **past experiences** do you have that would assist in this placement?

Why did you select St. Joseph's Healthcare Hamilton as a potential co-op placement?

List **strengths and weakness** that will help us to work with you to determine a suitable placement**:**

If selected, what would you like to **accomplish** at your co-op placement?

St. Joseph's Healthcare Hamilton is committed to a **barrier-free recruitment and selection process**. Please indicate below if there is any accommodation to the application process :

St. Joseph's Healthcare Hamilton
High School Co-operative Education Program
Student Reference Sign Off

Please provide two (2) references that St. Joseph's Healthcare Hamilton can connect with via email. References can be a teacher, employer or coach. If you are unable to provide a reference's email, you may provide a reference letter with this application.

First Reference

Referee's Name:_____

Relationship to Co-op Applicant:_____

Referee's Email:_____

Second Reference

Referee's Name:_____

Relationship to Co-op Applicant:_____

Referee's Email:_____

Declaration

I understand that any willful misrepresentation made by me in connection with this reference will be sufficient cause for dismissal of the applicant from the High School Co-op Program with St. Joseph's Healthcare Hamilton. By signing this, I confirm that I have notified these individuals above and they have given me permission to use them as a reference.

Signature:_____ Date:_____