



## 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:							

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: \_\_\_\_\_