



DATE: _____ NAME: _____ STUDENT #: _____

SCHOOL: _____ EMAIL: _____

ADDRESS: _____ POSTAL: _____

HOME PHONE: _____ CELL PHONE: _____

Please answer ALL of the following questions:

1. Are you registered in a WEX12 course? **YES** **NO** WEX12A or WEX12B *(please specify)*
If YES, who is your WEX12 Teacher? _____

2. What type of job would you like for your Work Experience placement? _____

3. Do you want to do your Work Experience with a specific employer? **YES** **NO**

BUSINESS NAME: _____ **CONTACT NAME:** _____

ADDRESS: _____ **PHONE:** _____

4. Please list any special skills, training or certificates you have completed *(e.g. Food Safe, etc.)*

5. Do you have transportation to and from a work site? **YES** **NO** *(If YES, please specify)*

6. What day(s) are best for you to attend a Work Experience placement? *(Please check ALL that apply)*

Sun Mon Tues Wed Thurs Fri Day 1 Day 2

7. Do you want to do your Work Experience during the following times? *(Please check ALL that apply)*

Spring Break Winter Break Semester Break Pro-D Days Other: _____

Student Signature: _____

Submit this completed form to your school Work Experience Facilitator

*****Please complete this form IN FULL.***

Incomplete forms will be returned to the student.**