



Work Experience (WEX12) Training Plan

Student Information

Course: **WEX12A** or **WEX12B** (*please specify*)

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) Account Number: _____

Employer On-Site Safety Orientation Provided: Yes No DATE: _____

Estimated Number of Hours to be worked: _____

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

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

or, Date Range: _____

My current career plans include the following:

Educational Plans:



Please Check (✓) your area of interest

- | | | |
|--|---|---|
| <input type="checkbox"/> Business/Applied Business | <input type="checkbox"/> Humanities | <input type="checkbox"/> Trades/Construction/
Maintenance/Repair |
| <input type="checkbox"/> Creative Arts, Design & Media | <input type="checkbox"/> Engineering, Science/
Applied Science | <input type="checkbox"/> Computer/Software Technology |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Tourism, Hospitality &
Food Services | <input type="checkbox"/> Mathematics/Research/
Analytics |
| <input type="checkbox"/> Health Services | | |
| <input type="checkbox"/> Human Services | | |

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

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

Job Title: _____

Please describe the type of work done and the tasks/duties performed:

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 Work Experience Facilitator/Teacher on a regular basis and complete the course by the required due date.

Student/Parent or Guardian:

StudentName: _____ Signature: _____
Parent Signature: _____ Date: _____

Work Experience Teacher:

Teacher Name: _____ Signature: _____
Date: _____

Employer:

Contact Name: _____ Signature: _____
Date: _____