



Off-Campus Work Experience Application - Summer 2019

Your employer must agree to participate in this program and you must have a secured position within the Calgary area.

Student Information

Calgary Board of Education Number _____ Alberta Student Number _____

Birth Date (MM/DD/YYYY) _____ Gender Female Male Other/Not Disclosed

Legal Last Name _____ AKA Last Name _____

Legal First Name _____ AKA First Name _____

Legal Middle Name _____ Maiden Name (if applicable) _____

Note: Legal name must match the name on your legal document. Student's AKA Name is a name by which the student is commonly known in the family and community.

Address _____ City _____

Province _____ Postal Code _____ Student E-mail _____

Student Cell Phone _____ Home Phone _____

Emergency Contacts (at least one parent or close relation is best)

1) Name _____ Relationship _____ Best Contact Phone _____

2) Name _____ Relationship _____ Best Contact Phone _____

Citizenship

Canadian Canadian Aboriginal Permanent Resident / Landed Immigrant

Child of a Canadian Citizen Refugee

Child of an Individual Under Work Permit Work Permit / Temporary Resident

International Student Birth Country _____ Home Language _____

School Status

Current or most recent high school attended _____ Grade _____

Declaration

The information provided on this form is true, accurate, and complete. I will notify the school of any changes.

Signature of Custodial Parent / Legal Guardian / Independent Student

Date (MM/DD/YYYY)



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Prerequisite Module

HCS 3000 (Workplace Safety Systems) is the prerequisite (1-Credit) module students must have before participating in the Work Experience Program.*

- I have earned HCS 3000 credit from my school
- I will earn HCS 3000 credit at my school

***Work Experience Program credits cannot be assigned to students who have not completed HCS 3000.**

Employer Information

Company Name _____ Current Employer? Yes No

Anticipated Start Date _____ Student Position _____

Company Contact Name _____ Phone # _____

Worksite* Address _____ Quadrant (i.e. N.W.) _____

*Worksite must be within Calgary city limits. Company Address (if different) _____

Additional Forms Required

- CBE Off-Campus or On-Campus Education Agreement (pdf), download from tinyurl.com/OC-Ed-Agreement
- CBE Off Campus Education Acknowledgement of Risk (pdf), download from tinyurl.com/OC-Ed-Acknowledge-Risk

If you are not a current Calgary Board of Education student, the following form is also required.

- Chinook Learning Services Student Registration Form (pdf), download from www.tinyurl.com/CLS-StudentRegForm

How To Apply

Summer Work Experience runs July 2 - August 2, 2019. Submit all applicable forms to Chinook by June 14, 2019:

- Mail or In-Person: Room 1076, 2336 - 53 Avenue SW, Calgary, Alberta T3E 1L2
- Fax: 403-777-7889
- Email:                                                 

It may not be possible to consider late registrations.

If an Off-Campus teacher has not contacted you by July 5, 2019, please email us at: CLS-SIS-OC@cbe.ab.ca

Personal information is collected under the authority of the School Act, the Student Record Regulation and Alberta's Freedom of Information and Protection of Privacy Act (FOIP). This information will be used for enrolling students in Off-campus Education programs. It will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection or its intended use, contact Off-campus Education, Calgary Board of Education, 1221 8 St SW, 403-817-7518.

Office Use Only

Specialized Program Name _____