 **COOPERATIVE EDUCATION APPLICATION**

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| **Personal Data** | | |
| **Name** | | |
| **No. Street City** | | **Home Tel.** |
| **Province Postal Code** | | **Alternate Tel.** |
| **Personal Email** | **School Email** | |

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| **School Information** | |
| **School** | |
| **Program** | |
| **Faculty Advisor** | |
| **Faculty Advisor Phone** | **Faculty Advisor Email** |

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| **Emergency Contact** | |
| **Emergency Contact** | |
| **Phone** | **Relation** |

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| **I hereby declare that the foregoing information is true, complete and correct. I understand that a false statement would disqualify me from completing my placement at The Centre for Dreams.**  **I understand that this and other personal information about me will be collected, used and retained and may be disclosed to third parties by The Centre for Dreams in connection with its assessment of this application, including checking reference, and verifying information.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of applicant Date** |

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| **Office Use Only** |
| **Interview date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Interview Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Police Check received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Placement Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Notes** |
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