





**Halton District School Board  
Gary Allan High School  
Co-operative Education Screening**

**Background Workplace Information**

Is your workplace located within a 25 km radius of this Gary Allan site? **Yes**  **No**  **Unknown**

How long have you been working at this particular place of employment? \_\_\_\_\_

What days of the week do you typically work? \_\_\_\_\_

What hours of the day do you typically work? **Morning**  **Afternoon**  **Evening**  **Night**

Is your employer a member of your immediate family? **Yes**  **No**

If yes, please explain the relationship. \_\_\_\_\_

Is your supervisor a member of your immediate family?

If yes, please explain the relationship. \_\_\_\_\_

Does someone directly supervise you during the majority of your work hours? **Yes**  **No**

Have you spoken with your employer of your intention to enrol in co-operative education through your current workplace?  
**Yes**  **No**

Have you completed on the job health & safety training?

If so, provide details. \_\_\_\_\_

Can you provide documentation of health & safety training? **Yes**  **No**

If yes, please explain. \_\_\_\_\_

Do you drive a vehicle as part of your work responsibilities? **Yes**  **No**

**(If so, please be prepared to provide a copy of your licence and insurance)**

Explain why you are interested in the co-operative education program: \_\_\_\_\_

\_\_\_\_\_



**Co-operative Education Checklist**

- Work Education Agreement
- Placement assessment
- Health & Safety training
- Pre-placement assignments
- Integration/Reflection assignments
- Log Sheets
- Summative assignment