



WORKSITE FORMS – SIGNATURES REQUIRED

WEX/SSA

Student Name: _____

Date: _____

School: _____

****SIGNATURES REQUIRED:** *Student, Parent, Work Supervisor*

Please submit to:

**Career Pathways/Learning Alternatives
Meeting Room B, 355 Wakesiah Avenue
Nanaimo, BC,
V9R 3K5
Phone: 250-740-2013
Email: ctc@sd68.bc.ca**

**Roxanne Boyko
District Career Programs Coordinator
250-713-4581
rboyko@sd68.bc.ca**

PROGRAM

- I understand that for work experience there is a **minimum age of 14 years old**; there is no maximum age. I understand that for **Secondary School Apprenticeship the minimum age is 15 years old** and I must be enrolled in the program no later than the school year in which I am 18 years old as of July 1.
- I understand that **work place hours begin AFTER the registration package is received, complete and approved**. This approval includes a school orientation/meeting between the coordinator and a student and a work site visit between the work place supervisor and coordinator.
- I understand that if I have paid employment that my employer must have WCB coverage and as an employee I have WCB coverage.
- I understand that if I am in a volunteer placement I will be covered by WCB through the Ministry of Education only AFTER the paperwork is complete and only during the agreed upon time.

INSTRUCTOR

- **DOCUMENTS**
I will submit all documents, assignments, and hours and maintain regular communication with the instructor.
- **PROBLEMS OR DIFFICULTIES DURING THE PLACEMENT**
If a problem arises during the work experience place then I will immediately contact the instructor, Roxanne Boyko, 250-713-4581, share the situation and discuss possible solutions.
- **CHANGE OF EMPLOYMENT**
If I no longer work for this registered employer and/or change employers then I will contact the coordinator, Roxanne Boyko, 250-713-4581, immediately to discuss this change.

EMPLOYER

- **RULES**
I will follow the company rules, regulations, and procedures during the work experience placement.
- **ILLNESS, ABSENCE OR LATENESS**
I **must** call and speak directly with a supervisor and inform him/her of an illness, absence or lateness.
- **CELL PHONES AND ELECTRONIC DEVICE USAGE**
I understand that I am not to use my cell phone or electronic device while performing my work experience duties.
- **DRESS CODE**
I will follow the company's dress code and wear the appropriate clothes.
- **TRANSPORTATION TO AND FROM THE WORKPLACE**
I am responsible for all transportation to and from the work experience worksite.
- **CONFIDENTIALITY**
I will respect the confidentiality of the company, staff and clients at the work placement so I will not communicate any information relative to the company, staff and clients.

I understand and agree to participate in this program under these conditions:

Student Signature

Date

AGREEMENT (CONTRACT)

Nanaimo Ladysmith Public Schools

The information on this form is collected as required by Ministerial Order 237/11 (M033/09), the Work Experience Order. The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational program purposes and when required, may be provided to health services, social services or other support services as outlined in Section 79(2) of the School Act. The information on this form will be protected under the Freedom of Information and Protection of Privacy act. If you have any questions about the collection and use of this information, please contact the principal of your school, District Career Coordinator, or the Information & Privacy Officer, School District 68, 395 Wakesiah Ave, Nanaimo, BC. V9R 3K6 Telephone: (250) 754-5521.

STUDENT INFORMATION		DISTRICT CONTACT
Student:		Roxanne Boyko, District Career Coordinator Phone: 250-713-4581 Fax: 250-713-2043 rboyko@sd68.bc.ca
Address:		
Phone:	Cell:	
Email:		
Parent/Guardian:		
Phone:	Cell:	
Email:		

EMPLOYER INFORMATION	
Legal Business Name	Business Name:
Address:	
Contact/Supervisor:	
Phone:	Fax:
Cell:	Email:

PLACEMENT INFORMATION		
Position	Start Date:	End Date:
Volunteer Paid (please circle one)	WCB Coverage: Yes No	
Dress Code:	Schedule:	
Description:		

SIGNATURES	
Contract valid when all signatures are complete and within the dates stated above. By their signatures the parties signify their agreement to the terms and conditions set out in this contract.	
Student: _____	Date: _____
Parent/Guardian: _____	Date: _____
Employer Contact/Supervisor: _____	Date: _____
District Coordinator: _____	Date: _____

The parties agree to a work experience placement (the "work experience placement") for the Student with the Work Site Employer on the following terms and conditions:

1. TERM OF AGREEMENT

This Agreement will be in effect during the start and end dates unless it is ended at an earlier time. The signatories acknowledge agreement with this plan for this period of the SSA/WEX program. If there are any changes then the student and employer must contact the coordinator.

2. STUDENT DUTIES

The Student agrees to perform without payment those duties assigned to the Student from time to time by the Work Site Employer in consultation with the Board's representatives. The Student agrees to comply with the Work Site Employer's rules and all applicable safety regulations. Special Rules and Regulations are to be communicated by the Work Site Employer to the Student.

3. DAYS AND HOURS OF THE WORK EXPERIENCE PLACEMENT

The Student agrees to perform those duties as assigned by the Work Site Employer in accordance with the days and during the hours indicated on the reverse side at such other times, in writing, as may be agreed by the Work Site Employer, Board of Education and Student. If the Student is employed by the Work Site Employer beyond the days and hours agreed upon by the Work Site Employer, Board of Education and Student, none of the provisions of this Agreement apply.

4. SUPERVISION

The Student agrees to be under the direct supervision of the Work Site Employer and the Work Site Employer agrees to supervise the Student at all times during the work experience placement.

5. SITE SAFETY ORIENTATION

The Work Site Employer will provide to the Student site and work-specific safety training and will not permit the Student to perform any duties unless the Student has all safety equipment required for the tasks to be performed by the Student.

6. BOARD ACCESS

The Work Site Employer agrees to allow Board of Education representatives to have access at any time to the Work Site Employer's work site and the Student.

7. TRANSPORTATION

The parties agree that the parent(s) or guardian(s) and the Student are solely responsible for the Student's transportation to and from the Work Site Employer's work site. Students are not permitted to act as volunteer drivers while on a Work Experience Placement.

8. EVALUATION

When requested by the Board, the Work Site Employer will evaluate the Student's performance of the Student's duties, report that evaluation in the form required by the Board, and consult with Board representatives about the evaluation.

9. WORKERS' COMPENSATION ACT INJURY COVERAGE

Students in a work experience placement at a standard work site are covered by the Workers' Compensation Act and are considered to be workers of the Government of the Province of British Columbia for Workers' Compensation purposes only. Coverage is limited by the terms and conditions set out in the Minutes of the Workers' Compensation Board dated January 29, 2008. WorkSafeBC WCB coverage for any paid work experience must be covered by the employer, and will not be covered by the Province.

10. NOTICE OF INJURY

The Work Site Employer will, if a Student is injured, immediately report the occurrence of injury to the District Careers Coordinator, **250-713-4581 (cell)** or CTC@sd68.bc.ca. A copy of the WCB report and/or other First Aid documents must be provided to the Board within **48 hours**.

11. INDEMNITY

The Board agrees to indemnify and hold harmless the Work Site Employer, its employees and agents from any and all claims, demands, actions and costs whatsoever that may arise out of the negligent acts or omissions of the Board, the Board's employees and the Student, in their performance of this agreement, unless such negligent acts or omissions are at the direction of or occasioned by the Work Site Employer, its employees or agents.

The Work Site Employer agrees that it will not require the Student to perform any task unless such task might reasonably be expected to be within the scope of the Student's training and abilities.

12. INSURANCE

The Board shall maintain liability coverage to protect the Board, the Board's employees, and the Student during their performance of this agreement. The Board will not be responsible for any loss or damage to the Work Site Employer's property unless such loss or damage is due to the willful acts or omissions of the Student or is caused by the Student acting outside the Student's authorized duties.

13. MINIMUM AGE

The parent(s) or guardian(s) of the Student warrant that the Student is **14 years of age** or older at the date of this Agreement. ****A student must be at least 14 years of age to participate in a work experience placement.***

14. EFFECT ON EMPLOYEES

The Work Site Employer agrees that the placement of the Student will not affect the job security of any employee of the Work Site Employer and will not affect the Work Site Employer's hiring practices. The placement of the Student will be in addition to the Work Site Employer's full complement of employees. The Student will not be a replacement for any employee.

15. TERMINATION OF THE AGREEMENT

Any party to this Agreement may end it at any time by giving notice in writing to all other parties at the addresses given in this Agreement.

16. REFERENCE

In this Agreement a reference to the Board includes Board officers, employees or representatives acting within the scope of their employment.

17. CONFIDENTIALITY

All parties agree to maintain in the strictest confidence, information that comes to their knowledge during the work experience.

TRAINING PLAN

Nanaimo Ladysmith Public Schools

This training plan is required and will determine how the student will be evaluated after they have completed their hours. The employer evaluation will represent a percentage of the student's final grade (WEX/SSA = 50%). An evaluation will be done after the hours are complete (WEX = 90 hours / SSA = 120 hours). Employer feedback is required and detailed information is greatly appreciated.

TRAINING PLAN	
STUDENT NAME	WORK SITE LOCATION

By their signatures, the parties signify their agreement with the Training Plan below (2 PAGES).

Coordinator Signature

Student Signature

Supervisor Signature

Parent Signature

Date

Date

Date

Date

GENERAL EMPLOYABILITY SKILLS Please (v) the skills that apply. (These skills will be graded on a scale of 0-4)		
Fundamental Skills	Personal Management Skills	Teamwork Skills
<input type="checkbox"/> Communicate <ul style="list-style-type: none"> ◦reads & understands information ◦writes & speaks so others can understand ◦listens & asks questions <input type="checkbox"/> Manage information <ul style="list-style-type: none"> ◦locates, gathers & organizes information ◦analyzes and applies knowledge & skills <input type="checkbox"/> Use numbers <ul style="list-style-type: none"> ◦decides what needs to be measured & calculated ◦observes & records data appropriately ◦makes estimates & verifies calculations <input type="checkbox"/> Critical Thinking & Problem Solving <ul style="list-style-type: none"> ◦Assesses situations & identifies problems ◦Evaluates & implements appropriate solutions ◦Acts on opportunities for improvement 	<input type="checkbox"/> Attitude and Behavior <ul style="list-style-type: none"> ◦Exhibits honesty & integrity ◦Recognizes good efforts of self & others ◦Shows interest, initiative & effort <input type="checkbox"/> Responsibility <ul style="list-style-type: none"> ◦plans and manages time & resources ◦assesses, weighs & manages risk ◦is accountable for actions <input type="checkbox"/> Adaptability <ul style="list-style-type: none"> ◦can work independently or as part of a team ◦can carry out multiple tasks & projects ◦learns from mistakes & accepts feedback <input type="checkbox"/> Learning <ul style="list-style-type: none"> ◦willing to continuously learn & grow ◦sets learning goals ◦accesses opportunities for learning & growth <input type="checkbox"/> Workplace Safety <ul style="list-style-type: none"> ◦is aware of, and acts in accordance with personal and group health & safety practices and procedures 	<input type="checkbox"/> Work with others <ul style="list-style-type: none"> ◦is flexible, respectful and open to ideas & opinions of others ◦spares information & opinions openly ◦manages & resolves conflict when appropriate <input type="checkbox"/> Participation <ul style="list-style-type: none"> ◦carries out tasks from start to finish ◦works to agreed quality standards & specifications ◦uses appropriate tools & technology for task/projects

WORK/TRADE SPECIFIC EMPLOYABILITY SKILLS

List tasks or duties performed at the work place. (These skills will be graded on a scale of 0-4)

TOOLS/EQUIPMENT

List tools, equipment, machinery used in the workplace (These skills will be graded on a scale of 0-4)

TRAINING

List training provided (type of training, length of training) (These skills will be graded on a scale of 0-4)

Additional comments/information:

REPORTING AN INJURY

PAID EMPLOYMENT

Students in paid work experience placements must have Worker’s Compensation Coverage with the employer. While enrolled in the work experience program, students must report injuries to both the employer and work experience coordinator, Roxanne Boyko, 250-713-4581. WCB injury reports must be completed within 3 days of the injury.

UNPAID EMPLOYMENT

The Provincial Government will cover the WCB for students that volunteer in work experience placements that are arranged by Nanaimo-Ladysmith Public Schools. If there is an injury please follow this procedure:

1. Contact Roxanne Boyko 250-713-4581 or Derek Beeston 250-714-4842.
2. Complete a WCB Employer's Report of Injury or Occupational Exposure (Form 7) within 3 days of the injury.
3. School District #68 must be listed as the student's employer on all WCB forms.
4. The student's occupation is "work experience student".
5. The claim will be assigned to the provincial government (not school district)
6. The **WorkSafeBC account number is 4000**, and the "**classification unit number**" is **841102**.
7. Leave "type of business", "operating location number", and "employer payroll contact" cells blank.
8. List "worker's occupation" as "work experience student".
9. Check "temporary" and "student" in the section on worker information.

If this is a serious injury, please also contact the emergency contact person and/or doctor below:

Emergency Contact Person:
Phone (home):
Phone (cell):
Doctor Name:
Phone:
List of Allergies:
Medical Condition(s):
Other comments:

Copy to: <input type="checkbox"/> Student/parent <input type="checkbox"/> Coordinator <input type="checkbox"/> Employer
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The entire list of employee/employers Rights and Responsibilities can be found on the WorkSafeBC website:

<http://www2.worksafebc.com/publications/OHSRegulation/Part3.asp#SectionNumber:3.23>

As a young worker it is important to know that you can refuse unsafe work. Please read and review the "Refusal of Unsafe Work" below:

Refusal of Unsafe Work

3.12 Procedure for refusal

(1) A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.

(2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer.

(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and

(a) ensure that any unsafe condition is remedied without delay, or

(b) if in his or her opinion the report is not valid, must so inform the person who made the report.

(4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of

(a) a worker member of the joint committee,

(b) a worker who is selected by a trade union representing the worker, or

(c) if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.

(5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

I have read and understand that I have the right to refuse unsafe work

Student name

Supervisor Name

Student Signature

Supervisor Signature

DATE

DATE