

The Caring for the Future Regional Health Care program is a partnership between William Osler Health System and Brampton Centennial Secondary School which offers students in the PDSB an opportunity to explore careers within the health care sector. Students will be cross-registered between their home school and Brampton Centennial Secondary School and will earn 4 credits upon successful completion of the program.

The primary role of a Co-operative Education Student at **Brampton Civic Hospital** or **Peel Memorial Centre** involves supporting staff and patient experience by completing tasks assigned by clerical associates, nurses, therapists, technologists or other regulated health care professionals. There will be opportunities to observe scope of practices by these clinicians with three (3) unit rotations. Hands-on interaction with patients will be limited, supervised, and varies depending on the clinical area.

Students must be:

- in grade 11 or 12
- successful in completing SBI 3C/SBI 3U or TPJ 2O0/TPJ 3C/TPJ 3M
- planning to attend Post-Secondary and seriously interested in exploring a career in the health care sector

Pre-Placement Requirements:

- **IMMUNIZATION FORM:** William Osler Health System Immunization Forms completed in full, all blood work documented plus dates of immunizations and the 2-step TB test. Please note that this form takes 4-8 weeks to complete in full and must be submitted **PRIOR** to the orientation date. A physician signed Yellow Immunization Card meeting all immunization schedule can also be accepted. It is the student's sole responsibility to ensure all documents provided meet the requirements as set out by William Osler Health System.
- **POLICE CHECK-** Students 18 or older must provide a valid police check prior to starting their placement.

Students will:

- attend an interview
- be provided with an Osler identification badge/parking card and the use of a day locker
- be required to wear a current school photo ID badge
- be required to purchase a co-op t-shirt for \$15.00 to be worn at all times during their placement
- attend an Osler orientation prior to the start of the placement

Placement Areas: Subject to change

- Inpatient Acute Care for the Elderly Unit
- Outpatient Orthopaedic Fracture Clinic
- Labour and Delivery Unit
- Diagnostic Imaging
- Inpatient Oncology
- Physiotherapy
- Inpatient Orthopaedic Surgery Unit
- Occupational Therapy
- Inpatient Neurology
- Day Surgery
- Post-Partum Unit
- Paediatric/NICU Unit
- Centre for Seniors & Rehabilitation

Applications Submission and Deadlines:

First Semester: May 15

Second Semester: Nov. 22

To Ms. Feilders – Co-operative Education Teacher - Brampton Centennial Secondary School
905-451-2860 ext 826 OR 905-4942120 ext 58328 missy.feilders@peelsb.com

ALL parts of this application package must be completed neatly and accurately.
INCOMPLETE applications will NOT be considered.

CO-OP TEACHER/GUIDANCE COUNSELLOR INFORMATION

Name: _____ School: _____
Tel No: _____ EXT: _____ Email: _____

STUDENT INFORMATION

Student's Name: _____
Address: _____
Home phone: _____ Cell phone: _____
Email: _____ Birth date: ____ / ____ / ____
Career Goals: _____
Pertinent school subjects: _____
Subject presently taking: _____
Highest grade (i.e. 10 or 11) completed to date: _____
No. of credits completed by start of placement: _____

SCREENING QUESTIONS – TO BE COMPLETED BY STUDENT

Complete the following questions on a separate sheet. Answers should be typed, 12pt font and single spaced.

1. Why have you requested a placement in a health care setting?
2. How will this placement help you with your career choice?
3. What can you contribute as a co-op student in this placement? (Discuss your volunteer work, personal strengths, and prior relevant experience.)
4. What research have you done to explore this career? (i.e. personal interviews, internet, career centre, guidance counsellors)

Preferred Department requested:

Choose three only; preferences are not guaranteed but will help in the allocation of placements.

1st Choice: _____ Why? _____

2nd Choice: _____ Why? _____

3rd Choice: _____ Why? _____

Student and Teacher Application Checklist:

Please use the checklist below to ensure you have all the required documents included as **incomplete** application will **NOT** be considered.

Student and Teacher Application Checklist	
<p>With Application</p> <ul style="list-style-type: none"><input type="checkbox"/> Application Form – Pages 2 to 3<input type="checkbox"/> Completed questions<input type="checkbox"/> References (2)<input type="checkbox"/> Resume<input type="checkbox"/> School status sheet (Guidance Department)	<p>Prior to Orientation <u>(if selected):</u></p> <ul style="list-style-type: none"><input type="checkbox"/> OHS certificate of completion (done in class)<input type="checkbox"/> WHMIS certificate of completion (done in class)<input type="checkbox"/> Work Education Agreement (provided by teacher)<input type="checkbox"/> Police Check (18 or older)<input type="checkbox"/> Immunization Form (any incomplete, 'indeterminate', or 'non-reactive' status will not be accepted)

Thank you for taking the time to complete this reference on behalf of the applicant identified below. We ask that references be completed by someone **other than a family member/friend**. To submit the completed reference you may return it to the applicant in a sealed envelope, or email it directly to missy.feilders@peelsb.com

Student Applicant's Information	
Student Name:	Signature:
By signing this form, the applicant gives permission for the requested information to be used as part of the application process.	

Reference Information	
Name:	Daytime phone number:
Relationship to Student:	Number of years known:
May we contact you directly if we require further information? Yes_____ No_____	
Reference Signature:	

Check Appropriate Rating	EXCELLENT	GOOD	AVERAGE	POOR	UNKNOWN
COMMITMENT TO A HEALTH CARE CAREER					
ABILITY TO PLAN AND INITIATE OWN LEARNING					
ABILITY TO COMMUNICATE					
CAPACITY TO TAKE DIRECTION					
TEAM WORK					
PROBLEM SOLVER					
DEPENDABILITY					

1. What experience, strengths or skills do you feel the applicant possesses that would be valuable in a co-op placement at William Osler?

2. Would you welcome the opportunity to work with this individual? Yes _____ No _____

Please explain:

3. Do you have any reservations about the applicant's ability to work with patients and/or staff in a hospital setting? Please explain:

**Co-op Placement Reference Letter to be completed by a COMMUNITY MEMBER
(i.e. employer, coach, club advisor, volunteer advisor)**

Thank you for taking the time to complete this reference on behalf of the applicant identified below. We ask that references be completed by someone **other than a family member/friend**. To submit the completed reference you may return it to the applicant in a sealed envelope, or email it directly to missy.feilders@peelsb.com

Student Applicant's Information	
Student Name:	Signature:
By signing this form, the applicant gives permission for the requested information to be used as part of the application process.	

Reference Information	
Name:	Daytime phone number:
Relationship to Student:	Number of years known:
May we contact you directly if we require further information? Yes_____ No_____	
Reference Signature:	

Check Appropriate Rating	EXCELLENT	GOOD	AVERAGE	POOR	UNKNOWN
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ABILITY TO COMMUNICATE					
CAPACITY TO TAKE DIRECTION					
TEAM WORK					
PROBLEM SOLVER					
DEPENDABILITY					

3. What experience, strengths or skills do you feel the applicant possesses that would be valuable in a co-op placement at William Osler?

4. Would you welcome the opportunity to work with this individual? Yes _____ No _____

Please explain:

3. Do you have any reservations about the applicant's ability to work with patients and/or staff in a hospital setting? Please explain: