



Fall/Winter Off-Campus Work Experience Application

Your employer must agree to participate in this program for Work Experience, 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 _____ E-mail _____

Cell / Work 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 I will earn HCS 3000 credit through the Off-Campus teacher

***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

- Legal Documentation – showing citizenship (please provide a copy of one of the following):
- Adoption Certificate Canadian Birth Certificate Canadian Citizenship Card
 - Canadian Passport Certificate of Indian Status Permanent Resident / Landed Immigrant Card
 - Refugee Papers Study Permit (5-416) Work Permit / Temporary Resident Permit

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

Submit all applicable forms to Chinook Learning Services:

- Mail or In-Person: Room 102, 2519 Richmond Road S.W., Calgary, AB T3E 4M2
- Fax: 403-777-7229
- Email: CLS-SIS-OC@cbe.ab.ca

Office Use Only

Specialized Program Name _____