



## Off-Campus Work Experience Application Form

Fields in this PDF form can be input using your computer's keyboard and mouse. Save the PDF to your computer (File menu > Save As) prior to printing it and getting any required signatures. Scan the completed form and email it to: [CLS-SIS-OC@cbe.ab.ca](mailto:CLS-SIS-OC@cbe.ab.ca)

**Students must have secured their own job within Calgary City Limits before applying.**

**Program Dates:** July 2 - August 6, 2026 (5-Week Program)

### Deadlines

All forms must be submitted **by email** on or before **June 12, 2026**. It may not be possible to consider late registrations. If an Off-Campus Coordinator has not contacted you by **July 6, 2026**, please email us.

### Student Information

Legal Last Name \_\_\_\_\_ Preferred Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_ Gender      Female      Male      Unspecified

Alberta Education ID Number \_\_\_\_\_ Email \_\_\_\_\_

Current Address \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Current CBE School \_\_\_\_\_

**HCS3000** (*Workplace Safety Systems*) is the prerequisite course to participate in Off-Campus programs.

HCS3000 Final Mark \_\_\_\_\_ Date HCS3000 Completed (MM/DD/YYYY) \_\_\_\_\_

### Current Employer Information (The employer must agree to participate in this program.)

Company Name \_\_\_\_\_

Company Contact Name \_\_\_\_\_ Company Contact Phone \_\_\_\_\_

Worksite Address \_\_\_\_\_ Quadrant      NW      NE      SE      SW      **Calgary, AB**

(Worksite Address **must be within 25 Km of Calgary City Limits.**)

Anticipated Start Date (MM/DD/YYYY) \_\_\_\_\_ Student Job Position \_\_\_\_\_



## Declaration

I, the undersigned, hereby represent that I have the legal authority to register the student identified on this form. I declare the information that I have provided on this form is complete and accurate.

\_\_\_\_\_  
Signature of Custodial Parent / Legal Guardian / Independent Student

\_\_\_\_\_  
Date (MM/DD/YYYY)

Custodial Parent / Legal Guardian Email (for students under the age of 18) \_\_\_\_\_

## Additional Forms Required

Both of the following forms are also required (**included** in this application package):

- Off-Campus Education Acknowledgement of Risk
- Off-Campus or On-Campus Education Agreement

**If you are not a current CBE student**, the following form must also be completed (**not included** in this application package):

- Chinook Off-Campus Student Registration Form: [tinyurl.com/Chinook-OC-Reg-Form](https://tinyurl.com/Chinook-OC-Reg-Form)

## How to Submit

All forms must be submitted by email: [CLS-SIS-OC@cbe.ab.ca](mailto:CLS-SIS-OC@cbe.ab.ca) on or before **June 12, 2026**.

## Authorization for Collection of Personal Information

The personal information requested on this form is collected under the authority of *Alberta's Protection of Privacy Act (POPA)*, *The Education Act* and its regulations, and the *Canadian Charter of Rights and Freedoms*, Section 23. This information will be used for the maintenance of the student's official student record, for a school board's obligation to provide students with an education program that meets their needs, to provide a safe and secure school environment and any other purposes that relate directly to and are necessary for an operating program or activity, including program placement, determination of eligibility and/or suitability for provincial or federal funding, and contact and health related information in the event of problems or emergencies. Personal information may also be provided to the Minister of Education for the purpose of carrying out programs, activities, or policies under their administration (e.g., research, statistical analysis). Personal information may be input into automated systems for processing and management purposes. It will be treated in accordance with the privacy protection provisions of POPA. If you have any questions about this collection of information, please contact your school principal.



Complete this form to authorize participation in an Off-Campus Education program. It must be completed by a parent, legal guardian or independent student. Please read carefully. Consent is required pursuant to the *Education Act* and any applicable CBE Administrative Regulation(s) governing Off-Campus Education.

Off-Campus Education Program Name:	Program Provider:

Student Legal First and Last Name: \_\_\_\_\_

My child, or I, an "Independent Student" under the *Education Act* (in either case, the "Student"), consent to the participation of the Student in the off-campus education program (the "Program"), including any practicum or workplace training that is part of the Program or ancillary to it organized by The Calgary Board of Education ("CBE") with the Program Provider.

In consideration of the CBE accepting the Student as a participant in the Program or accepting me (as an Independent Student) as participant in the Program, I agree and acknowledge as follows:

1. The CBE reserves the right to cancel the Program in whole or part, including prior to the scheduled date of commencement, based upon the security, health and safety conditions in the location(s) of or in the vicinity of the location(s) of the Program.
2. I agree, for myself and on behalf of the Student, to release the CBE, its Trustees, Superintendents, employees, volunteers, contractors and consultants, and the Program Provider and its respective directors, governors, officers, employees and agents (collectively, the "Releasees") from any claims, actions, demands, losses, damages, liabilities and costs ("Losses") that I or the Student may incur arising from or in connection with the Program, except to the extent that such Losses arise directly from the negligence or wilful acts or omissions of any of the Releasees.
  - a) Without limiting the foregoing, the Releasees shall not be responsible for any consequential, incidental, special or punitive Losses incurred by me or the Student arising in respect of the Program.;
  - b) I further agree, for myself and on behalf of the Student, to release the Releasees from any delays, acts or omissions of any of the Releasees in respect of the Program arising from events beyond his, her, its or their reasonable control, which includes but is not limited to acts of god, war, strikes or government restrictions, terrorist activities, strikes or work stoppages, or the acts or omissions of any other organization or individual, over whom the releasees have no direct control.
  - c) I agree, for myself and on behalf of the Student, to pay or reimburse the Releasees for any Losses arising from any acts or omissions of the Student in connection with the Program resulting or arising from failure to comply with any directions, instructions, or requirements of any of the Releasees.
3. I agree, for myself and on behalf of the Student, to release the Releasees and each of them from any Losses that I and/or the Student may incur arising from and during the course of transportation to and from the location(s) of the Program, including while embarking or disembarking from any mode of transportation. I confirm and acknowledge that any injury, damage or Losses during such transportation will not be compensated by the Releasees.
4. I am satisfied that I have been provided with information about the Program, including the nature and extent of certain risks and hazards associated with the Program and that such information concerning risks and hazards is NOT exhaustive. I am not relying solely upon such information provided by the CBE and reserve the right to obtain additional information upon such basis as I determine.

5. I freely and voluntarily acknowledge and assume, for myself and on behalf of the Student, all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that any participant in the Program may suffer personal and potentially injury, loss or illness due to an unforeseeable or unexpected event as a result of any such hazard, known and unknown. Without limiting the foregoing, I acknowledge that part of the Program may involve the placement of the Student by the Program Provider in "practicum" assignments that involve workplace interactions with members of the public and workplace environments, and may require compliance with applicable workplace health and safety requirements (for example, if a practicum assignment is with a veterinarian health care facility, the Student will interact with members of the public who own animals and may be required to obtain vaccinations/inoculations in order to participate in the practicum). I agree, for myself and on behalf of the Student, to assume the risks, whether foreseeable or unforeseeable, arising from participation in any such practicum or workplace placement as part of the Program.
6. I acknowledge that participation in the Program is conditional upon compliance by the Student with all applicable CBE policies and regulations and any applicable CBE or school Code of Conduct, and with any rules of the Program Provider in respect of the Program made known to me and/or the Student, as well as with the directions and instructions of the CBE's employees, consultants, volunteers or Program Provider personnel concerning the Program. Participation in the CBE and/or Program Provider preparatory sessions and meetings (if any) prior to the activities is mandatory. I acknowledge that failure to attend such preparatory sessions and meetings may result in the exclusion of the Student from the Program by the CBE.
7. If the Student becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers and also in the case of medical emergency, the Program Provider personnel, may take any actions they deem reasonably necessary for the health, safety, and well-being of the Student, including securing professional medical treatment. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact the parent or guardian of a Student (who is not an Independent Student) in any medical emergency situation.
8. **I confirm that I have completed the medical information form attached as Schedule A.** I warrant that the medical information I have provided is complete and up to date. I consent to CBE sharing the medical information with the Program Provider and its applicable personnel, where reasonably required. I have disclosed any known medical information that may affect the Student's participation in the Program. I also acknowledge and agree that CBE or the Program Provider may refuse to accept the Student for or may remove the Student from participation in the Program as a result of any medical condition, as reasonably determined by the CBE or the Program Provider.
9. I understand that I am solely responsible for any illegal activities of the Student during the Program (such as theft, vandalism or using or trafficking in any illegal substances or non-prescription drugs).
10. I confirm that this form shall be binding upon me and, where applicable, upon the other parent or legal guardian of the Student and upon the Student. If the other parent or guardian of the Student shall commence any action or claim against any of the Releasees in respect of the matters herein, notwithstanding the provisions hereof, I agree to indemnify and hold harmless the Releasees from any Losses incurred by any of the Releasees.
11. I confirm I am at least 18 years of age and confirm that I have had the opportunity to seek independent legal advice prior to signing this form.
12. I confirm that this Consent is governed by the laws of Alberta and applicable laws of Canada.

**Consent of Parent, Legal Guardian or Independent Student**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (MM/DD/YYYY)

**Important**

**SCHEDULE A – MEDICAL INFORMATION**

The CBE and Program Provider / employer will have a copy of this information during the Off-Campus program to address health and medical needs including emergencies and may share this information with others as deemed necessary. Only include information that is relevant to the safety and well-being of the Student while working or participating in the Program. If there is no information to be shared, indicate not applicable, and still sign and return this medical information form.

*Must be completed by a parent, guardian or independent student*

<b>Off-Campus Education Program Name:</b>	<b>Program Provider:</b>

**Student Name:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Epinephrine Autoinjector (EpiPen):**  No  Yes

**Drug Allergies:**  No  Yes. If yes, specifics / severity: \_\_\_\_\_

**Food Allergies:**  No  Yes. If yes, specifics / severity: \_\_\_\_\_

**Insect Allergies:**  No  Yes. If yes, specifics / severity: \_\_\_\_\_

**Other Allergies:**  No  Yes. If yes, specifics / severity: \_\_\_\_\_

**Is the student under treatment for an illness, injury or condition? (including Asthma)**  No  Yes. If yes, describe.  
 Include activities to be restricted or modified: \_\_\_\_\_

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**Medication – describe the medication and how it is taken.** If more space is needed, attach information.

Name of Medication	Reason (optional)	Dosage	How Often	Time of Day

**Medication Storage Requirements:** \_\_\_\_\_

**Are there any known side effects to above medication(s)?**  No  Yes. If yes, describe: \_\_\_\_\_

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**IMPORTANT: Do you have any concerns about the Student’s mental health or emotional readiness in relation to this Program? (e.g., anxiety, depression, fear, etc.)**  No  Yes. If yes, describe: \_\_\_\_\_

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**IMPORTANT: Do you have any other concerns about the Student’s physical health in relation to this Program? (e.g., injuries, etc.)**  No  Yes. If yes, describe: \_\_\_\_\_

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**Medical Treatment Restrictions (if any) e.g., blood transfusions:**  No  Yes. If yes, describe: \_\_\_\_\_

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**Dietary Restrictions (if any):**  No  Yes. If yes, describe: \_\_\_\_\_

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<p><b>Emergency Contact 1</b></p> <p><b>Name:</b> _____</p> <p><b>Cell Phone:</b> _____</p> <p><b>Other Phone:</b> _____</p>	<p><b>Emergency Contact 2</b></p> <p><b>Name:</b> _____</p> <p><b>Cell Phone:</b> _____</p> <p><b>Other Phone:</b> _____</p>
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### Administration of Medication and Supports

In compliance with The Calgary Board of Education (“CBE”) Administration Regulation 6002 - Student Health Services, parents/legal guardians/independent students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. Unless indicated otherwise in the *Student Health Plan*, the CBE, its teachers and staff will not administer the medication or supports but during school activities, shall store the medication and supports and supervise the student in self-medicating. The parent/legal guardian/independent student shall notify the teacher of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

Please note that:

1. the provisions contained in this form are subject to the CBE's Administrative Regulation 6002, as amended from time to time (available for view on the CBE website) and applicable laws; and
2. the provisions contained in this form further are subject to the applicable school's Emergency Response Protocol and any particular *Student Health Plan* completed by the CBE with the parent/legal guardian/independent student.

Notwithstanding any of the foregoing, I agree that the medications (prescription/ nonprescription) listed on *Schedule A - Medical Information* are the student's responsibility and will not be shared or given to others and the student is responsible for how the medication is stored and when it is taken, unless indicated otherwise in the *Student Health Plan*. I, the parent, legal guardian or independent student, accept responsibility in all cases for any medication that is lost, stolen or damaged. I confirm that the CBE has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

### Authorization of Parent, Legal Guardian or Independent Student

To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform the CBE immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student during or prior to the Program activities in which the student shall be a participant.

I further hereby:

- a) agree that if the Student becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers, and also in the case of medical emergency, the Program Provider personnel, may take any action they deem reasonably necessary for the safety, health and well-being of the Student, including securing professional medical treatment. I release CBE, its employees, consultants and volunteers and the Program Provider and its personnel from any Losses arising as a result thereof. I acknowledge that the CBE has recommended that I obtain medical insurance to cover such expenses; and
- b) acknowledge that the CBE does not make a medical assessment of the suitability of the Student for participation in the Program based on the information provided in this form, and that if the Student has or develops any medical conditions that may affect the Student's participation in the Program, I will advise the CBE immediately.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (YYYY/MM/DD)

### Authorization for Collection of Personal Information

Personal information is collected under the authority of section 4(c) Alberta's *Protection of Privacy Act* (POPA) and the *Education Act*. This information is used for the purposes of assessing the Student's eligibility to participate in the Program, supporting the Student's health, safety, and well-being during participation, responding to identified medical or physical needs, and administering the Program. The personal information may be inputted into automated systems. It will be treated in accordance with the privacy protection provisions of POPA. If you have any questions about the collection, use, or storage of this information please contact your School Principal.



Work Experience Work Study Internship RAP

Form with sections A, B, and C containing student and employer information.

Whereas The Calgary Board of Education ("CBE") agrees to register the student in the above specified program to be undertaken by the student in conjunction with delivery by CBE to the student of high school courses and the student agrees to be employed and the employer agrees to employ this student under the program (the work phase of the Program referred to as the "work").

- 1) PARTIES TO THE AGREEMENT: For clarification, the parties to this Agreement shall be:
a) The student named in "A" above, unless (d) below applies
b) The employer named in "B" above
c) The Calgary Board of Education ("the CBE")
d) The student's parent or guardian (if the student is a minor).
2) TERM AND TERMINATION OF AGREEMENT: This Agreement shall commence on the latter of the "From" date referred to in "C" above and the last signature date of this Agreement ("Start/Executed Date") and continue until the date also referred to in "C" above ("Term").
3) HOURS OF WORK: The work shall take place during the following times: any part of Monday through Sunday from 6:00 a.m. to 12.01 am. inclusive.
4) REMUNERATION: Employer shall comply with the Alberta Employment Standards Regulation, including in respect of payment of wages to the student.
5) TRANSPORTATION: Neither CBE nor the employer will be responsible for the student's transportation to and from any work site.
6) SUPERVISION:
a) It is agreed that, having arranged for the Program and work as herein set out, the CBE shall maintain contact with the student and the employer during the work period to such extent as the CBE determines and in accordance with any applicable Provincial policies or guidelines.
b) The employer will supervise the student during the work period, whether or not the Program is conducted on or off CBE facilities.
7) RECORDS: All records (including the On-campus and Off-campus Agreement, Individual Learning Plan and Student Evaluation) created by the employer, student and/or CBE coordinator and all other non-public information concerning the student or any other identifiable individual hereunder are documents and information that are subject to the Freedom of Information and Protection of Privacy Act (Alberta) ("FOIP") and will be kept in accordance with the employer's retention policy and FOIP.
8) TERMS: The employer and/or student (as applicable) shall adhere to Schedule A attached hereto.
9) NO WARRANTY: The employer acknowledges that the student is inexperienced and CBE provides no warranty regarding his or her skills and qualifications.
10) EVALUATION: The employer shall be supplied by the CBE with a standard form for reporting to the CBE coordinator regarding the evaluation of the student.
11) DISCLAIMER AND INDEMNITY: The employer and the student and his or her parent or guardian (if the student is a minor) agree and confirm that CBE shall not be liable for any losses, damages, injuries, claims or costs whatsoever arising out of the work.
12) INSURANCE: Pursuant to the Worker's Compensation Act (Alberta), the student participating in the program is deemed to be a worker of the Alberta Government during the work period for the purpose of workers' compensation.
13) SITE LICENSE: If the work will be directed and carried out exclusively or primarily at CBE facilities, CBE and the employer shall execute a site license in CBE's standard format for the period of time equal to the Term.
14) ACKNOWLEDGEMENT OF RISK: The student (or parent/guardian of a student who is a minor) shall execute and deliver to the CBE, concurrently upon execution of this Agreement, an Acknowledgement of Risk in a form available from the CBE.
15) GENERAL: Any amendments to this Agreement shall be in writing duly executed by the parties.
16) COUNTERPART SIGNATURE: This Agreement may be executed in counterpart copies that together form one agreement.

If student is going to be working outside of recommended maximum hours, please see the attached "Working Outside Recommended Maximum" addendum.

Executed at Calgary, Alberta this \_\_\_\_\_, 20\_\_\_\_  
(CBE to complete date)

**THE CALGARY BOARD OF EDUCATION**

\_\_\_\_\_  
**Signature of Calgary Board of Education Representative**

\_\_\_\_\_  
Print Name  
Off-Campus Coordinator

\_\_\_\_\_  
Title

\_\_\_\_\_  
**[NAME OF EMPLOYER]:**

\_\_\_\_\_  
**Signature of Employer**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
**Signature of Student who is a minor**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
**Signature of Parent/Guardian/Independent Student**

\_\_\_\_\_  
Print Name

**Schedule A: Expectations**  
**TO THE EMPLOYER**

By agreeing to accept the student into your workplace, you have become a valued "partner" in the educational program. This experience will assist the student in making the transition from formal education to the world of work. The employer must abide by the following:

1. Safety of the student is paramount. It is mandatory that the Occupational Health and Safety Act and the Workplace Hazardous Materials Information System guidelines are adhered to in your workplace. The employer is responsible for workplace safety.
2. When the student starts work, provide an orientation to your workplace. Explain the purpose of the job or department and how the student can make a contribution. Outline daily routines and expectations of all employees including such matters as dress code, safety procedures, hours of work, care of equipment, calling in if not coming to work, cleaning up work area and dealing with the public and any other work policies and procedures including drug and alcohol use.
3. Recognize that the student is a learner in this new environment and will need close supervision initially as well as an opportunity to feel comfortable in asking questions. The student will appreciate being given meaningful tasks that challenge his/her ability and having the range and level of difficulty increase, as he/she becomes familiar with the job. Communications between the student and work supervisor is vital so that the student can grow in the job.
4. In case of an accident or injury, give first aid or medical attention as required then contact the parent and report it to the CBE teacher-coordinator so the necessary report can be filled out. During the term of this Agreement, students are covered under Worker's Compensation by the Alberta Government so accidents are not filed against the employers' account.
5. For the term of this Agreement and the hours specified, all relevant employment laws are applicable. If you hire the student outside of the hours or days of the Agreement with CBE and the student, this Agreement shall not apply to such outside hours or days and the terms of employment for such outside hours or days are between you and the student (or his or her parent/guardian) without CBE involvement. In such event, Workers' Compensation coverage for such outside hours or days becomes the responsibility of the employer and payment of at least minimum wage is required.
6. Hours for senior high school off-campus education shall, at minimum, align with the *Employment Standards Regulation* (Part 5) with the additional expectations that: Employer's due diligence is exercised to ensure that the health and safety of students is the primary focus for all off-campus education learning opportunities; parameters regarding student off-campus education work schedules are outlined in a school authority's off-campus policy, and detailed in a student's formal work agreement; the following work hour recommendations are considered in planning a student's work schedule:
  - a standard work day of eight hours per day is recommended for a student who is not attending classes at the same time as participating in an off-campus learning experience (e.g., one full semester is spent in off-campus work);
  - a maximum of 12 hours combined per day is recommended for a student who is attending classes at the same time as participating in an off-campus learning experience (e.g., attend classes for six hours; off-campus learning experience for six hours);
  - a maximum of 40 hours of work per week is recommended for a student who is not attending classes at the same time as participating in an off-campus learning experience (e.g., one full semester is spent in off-campus work); and

- a maximum of 60 hours combined per week is recommended for a student who is attending classes at the same time as participating in an off-campus learning experience (e.g., attend classes for 30 hours; off-campus learning experience for 30 hours).
7. Time sheets are the only acceptable documentation of hours of work between the student and employer's work coordinator. The positive feedback on observed strengths and your suggestions for improvement tells the student how they are doing and allows them to set goals for the coming week. Once completed by employer and student, the records will be forwarded to the CBE for placement in the student file.
  8. Putting learner expectations in writing helps to provide focus for the learning situation. During work site visits, the CBE coordinator should discuss these with the employer work supervisor and make necessary changes to assure challenging but attainable goals for the individual student. Off-campus coordinators shall make careful, **critical observations of the student's activities at the work station.** Upon completion of the learning plan, the record will be kept in the student file. All student records are to be kept confidential.
  9. Subject to the Freedom of Information and Protection of Privacy Act (Alberta), ("FOIP"), the employer and its personnel shall securely collect, compile and use student personal information exclusively for the purpose of employment of the student (provided that any medical information of a student is to be used exclusively for the purpose of addressing health and medical needs of the student, including emergencies) and not disclose such personal information to any person except on a confidential basis to its personnel who have a "need to know" such information or as required by law or court order. The employer agrees to notify any employee or other person who may access the student's personal information of the provisions of the duties and obligations under FOIP and obligations to comply with these requirements and specifically the conditions related for the protection of personal privacy. The employer shall notify the CBE immediately when the employer becomes aware of a breach of such privacy requirements.
  10. The employer has the right, upon written notice to CBE, to terminate the placement of a student for health, safety or legal concerns, including suspected drug or alcohol impairment of the student

**TO THE STUDENT AND PARENT/GUARDIAN**

There are two main reasons for students becoming involved in an Off-campus Education Program: to develop the skills, attitudes and expectations to succeed in the workplace and to explore career options and opportunities. This is a learning situation and the attitude of the student in approaching it will have a significant impact on the benefits gained from the experience. Your Off-campus teacher will provide you with a copy of the program expectations.

1. The student placement may be terminated for health and safety reasons, including concerns of drug or alcohol impairment.
2. If the student has any medical conditions that may affect the work, the student shall advise the CBE immediately.

**If you have any concerns about the safety of this work station or the suitability of the learning situation, please contact the CBE Off-campus Coordinator as soon as possible or call 403-777-7200 ext 2403.**