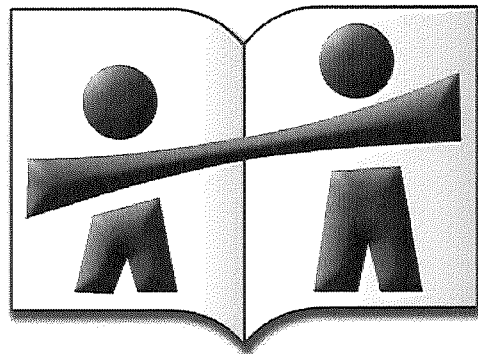


Work Experience 12B

Non-Paid Work Placement

CENTRAL OKANAGAN PUBLIC SCHOOLS



Together We Learn

Once a student has completed WEX12A – they are able to complete WEX 12B by learning new skills at their existing Work Experience placement or finding another placement. The attached documents must be completed outlining the new skills you will be learning.

Each Work Experience student must complete the following:

Pre-Placement:

- Intent to Complete - Orientation
- WCB Agreement Form (Completed)

During Placement:

- Student Safety Checklist completed during first visit
- Track Work Hours

Post-Placement:

- Employer Evaluation and Hour Verification
- Student Self Evaluation
- Evidence of Learning (Report, Conversation with your WEX 12 teacher, etc)



Work Experience 12

Intent to Complete

B

Student Name: _____ Cell Phone #: _____

E-mail: _____

Welcome to Work Experience 12 (WEX12)

Work Experience provide students with opportunities to apply classroom learning to the world of work. Students learn new skills and gain valuable career experiences that go beyond what students learn in school. Work Experience prepares students for the transition from secondary school to post-secondary education and employment.

WEX 12 Pathways		
Students may use one or a combination of all three of the below pathways to satisfy their WEX12 requirements		
Non Paid Work Placement <i>set up through the Career Center</i>	Paid Employment <i>Part-time jobs</i>	Career Experiences <i>see your Career Center</i>
<p>Non-paid professional placement at a worksite where the students are given the opportunity to participate in, observe or learn about the performance of tasks and responsibilities related to that career</p> <ul style="list-style-type: none"> • Engineer • Vet assistant • Physiotherapist 	<p>Students may use their current part-time jobs. A Training Plan must be submitted before hours can be approved</p> <ul style="list-style-type: none"> • Restaurants • Gas Stations • Grocery Stores 	<p>Various career experiences offered through your school's Career Center (See your Career Center Manager for opportunities and completed hours)</p> <ul style="list-style-type: none"> • Project Placements • Job Shadows • Conferences/Events • Spotlight Sessions

I intend to use the following (check all of the below that apply) to satisfy my WEX 12 hours:

- ☐ Non Paid Work Placement (Area of Interest: _____)
☐ Paid Employment
☐ Career Experiences

By signing below, you are confirming that you intend to complete at least 100 hours of work experience this school year and want to receive credits for Work Experience 12.

Student Signature: _____ Date: _____

OFFICE USE ONLY: attach the following (Audit Checklist)

- | | |
|---|--|
| <input type="checkbox"/> Intent to Complete | <input type="checkbox"/> Student Check in |
| <input type="checkbox"/> October 1 st Student Schedule | <input type="checkbox"/> Student Evaluation |
| <input type="checkbox"/> WCB Agreement Form | <input type="checkbox"/> Employer Evaluation & Hour Verification Signature |
| <input type="checkbox"/> Employer Check in | <input type="checkbox"/> Evidence of Learning |

WEX 12 Teacher Signature: _____

Date: _____

Student Check in (TEACHER USE ONLY)

The following items below have been completed:

- ☐ Intent to Complete
- ☐ WCB Agreement Form (Authentic Work Placement)
- ☐ Hours: (see Career Centre Manager for complete list of hours)
 - Paid Employment _____/hrs
 - Non Paid Work Placement _____/hrs
 - Career Experiences _____/hrs
 - Total Hours _____/hrs
- ☐ Student Evaluation
- ☐ Employer Evaluation & Employer Hour Verification
- ☐ Evidence of Learning
- ☐ Student has completed WEX12B

Comments:

Employer Check in Date: _____

Visit

Phone

Email

Text

Comments:

Student:

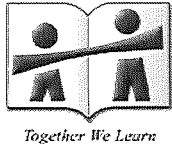
WEX 12 Teacher:

Signature:

Signature:

Date:

Date:



Work Experience 12

Evidence of Learning, Evaluations and Assessment

B

Student Name: _____ Date: _____

The following items must be completed and attached:

- Evidence of Learning (Report, Verbal Discussion etc)
- Student Evaluation (see reverse)
- Employer Evaluation and Hour Verification Signature (see reverse)

Evidence of Learning

Please discuss with your teacher how you will share your evidence of learning.
In this evidence, please answer the following questions...

1. Describe where you worked and what you did. Give an overview of your job, tasks, assignments, routine duties, etc.
2. What skills have you learned at school that you were able to apply to this work placement?
3. What new skills did you learn at your work placement?
4. Give examples of successes you experienced at this work placement.
5. Give examples of any challenges you encountered, and explain how you overcame them.
6. How has this experience influenced your future personal, educational, and career goals?
7. How has this experience attributed to your growth as a 21st Century Learner? (Relate this to one or more of School District Attributes of a Learner – *Thinker, Innovator, Collaborator, Contributor, Learner*)

OFFICE USE ONLY: Student Assessment Criteria

Hour Completion & Evidence of Learning.....	_____ /40
WEX12 Document Completion.....	_____ /30
Employer Evaluation.....	_____ /20
Student Self Evaluation.....	_____ /10
FINAL MARK:	_____ /100

WEX 12 Teacher Signature: _____ **Date:** _____

STUDENT SELF EVALUATION

Please complete the following evaluation for your Work Experience Placement

NA Not Applicable	1 Needs Improvement	2 Satisfactory	3 Above Average	4 Excellent		
• I can effectively communicate	NA	1	2	3	4	
• I can manage information	NA	1	2	3	4	
• I can solve problems and make decisions	NA	1	2	3	4	
• I have a positive attitude towards one's duties	NA	1	2	3	4	
• I can display positive "work ethic" such as confidentiality, regular attendance, punctuality, honesty, trustworthiness, responsibility, etc.	NA	1	2	3	4	
• I can respect diversity and individual differences	NA	1	2	3	4	
• I can carry out multiple tasks and identify alternatives	NA	1	2	3	4	
• I can function as an effective team member	NA	1	2	3	4	
• I can learn from mistakes and accept feedback	NA	1	2	3	4	
• I can perform work in a safe manner	NA	1	2	3	4	

Student Signature: _____

Date: _____

EMPLOYER EVALUATION

Please evaluate this Work Experience Student, and if possible, discuss with the student

Use the four-point scale below

NA Not Applicable	1 Needs Improvement	2 Satisfactory	3 Above Average	4 Excellent		
• effective communication skills	NA	1	2	3	4	
• manages information	NA	1	2	3	4	
• problem-solving and decision-making skills	NA	1	2	3	4	
• a positive attitude towards one's duties	NA	1	2	3	4	
• a "work ethic" including confidentiality, regular attendance, punctuality, honesty, trustworthiness, responsibility, etc.	NA	1	2	3	4	
• a respect for diversity and individual differences	NA	1	2	3	4	
• ability to carry out multiple tasks or identify alternatives	NA	1	2	3	4	
• the ability to function as an effective team member	NA	1	2	3	4	
• learns from mistakes and accepts feedback	NA	1	2	3	4	
• the ability to perform work in a safe manner	NA	1	2	3	4	

What are the student's main strengths?

What are your recommended areas for further development and growth?

Other comments:

This student has completed _____ hours of work at _____ (your worksite).

Supervisor Name: _____ Supervisor Signature: _____



SCHOOL DISTRICT No. 23
(CENTRAL OKANAGAN)

School District No. 23 (Central Okanagan) WORK EXPERIENCE EDUCATION PROGRAM PLACEMENT AGREEMENT

The Information on this form is collected as required by Ministerial Order OIC 406/08, the Work Experience Order.

BETWEEN		AND	
The "Board of School Trustees of School District #23" the "School Board"		The "Student"	
Name of School		Name of Student	
Name of Principal		Home Address City	
School Address		Postal Code Home Telephone	
City Postal Code		Name of Parent/Guardian	
Telephone Fax		Address (if different from above)	
Principal's Signature		City Postal Code Telephone	
Work Experience Teacher's Signature		Student Signature	
		Parent/Guardian Signature	
		The "Work Site Employer"	
		Business Name of Work Site Employer	
		Business Address	
		City Postal Code	
		Address of Work Site(s) if different	
		City Postal Code	
		Business Telephone Fax	
		Employer Signature	

*By their signatures the parties signify their agreement to the terms and conditions set out below.

Dated _____ 20__

☐ Does this student have a medical condition which the employer should have knowledge of: _____

☐ Confidentiality Training Completed

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:

- Terms of Agreement:** This Agreement will be in effect from _____ until _____, unless it is ended at an earlier time.
- 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 School Board's representatives. The Student agrees to comply with the Work Site Employer's rules and all applicable safety regulations. Special Rules or Regulations are to be communicated by the Work Site Employer to the Student.
- Days and Hours:** The Student agrees to perform those duties assigned by the Work Site Employer in accordance with paragraph 2 on the days and during the hours indicated: Day(s) _____ Hours: _____
or at such other times, in writing, as may be agreed by the Work Site Employer, School Board, and Student.
If the Student is employed by the Work Site Employer beyond the days and hours agreed upon by the Work Site Employer, School Board, and Student, none of the provisions of this Agreement apply.
- 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.
- 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.
- Board Access:** The Work Site Employer agrees to allow School Board representatives to have access at any time to the Work Site Employer's work site and the Student.
- 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, except _____ (If no exception, complete by writing "not applicable". If School Board or Work Site Employer transportation will be provided, describe in detail).
- Evaluation:** When requested by the School 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 School Board, and consult with School Board representatives about the evaluation.
- 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 Minute of the Worker's Compensation Board dated January 10, 2008 (a copy of which may be obtained from the Career Program contact at the student's school).
- Notice of Injury:** The Work Site Employer will, if a Student is injured, immediately report the occurrence of injury to the School Board by contacting the District Career Programs Contact at 250-860-9729 or 250-469-6455 (ph) or 250-870-5186 (fax).
- Indemnity:** The School 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 School Board, the School 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.
- Insurance:** The School Board shall maintain liability coverage to protect the School Board, the School Board's employees, and the Student during their performance of this agreement. The School 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.
- 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.
Student Date of Birth (day/month/year): _____
- 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.
- 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.
- Reference:** In this Agreement a reference to the School Board includes School Board officers, employees, or representatives acting within the scope of their employment.
- Confidentiality:** All parties agree to maintain in the strictest confidence, information that comes to their knowledge during the work experience.

Distribution of completed Agreement:

☐ White - Employer copy ☐ Yellow - Parent copy ☐ Pink - School copy ☐ Gold - Secretary-Treasurer copy

Safety Orientation for Work Experience

On a worksite, everyone has varying levels of responsibility for workplace health and safety. You should know and understand your responsibilities — and those of others. If you're a worker, you also have three key rights.

Your rights:

Initial (that you have read your rights):

The right to know about hazards in the workplace _____

The right to participate in health and safety activities in the workplace _____

The right to refuse unsafe work without getting punished or fired _____

Your responsibilities:

- As a worker, you play an important role in making sure you — and your fellow workers — stay healthy and safe on the job. As a worker, you must:
- Be alert to hazards. Report them immediately to your supervisor or employer.
- Follow safe work procedures and act safely in the workplace at all times.
- Use the protective clothing, devices, and equipment provided. Be sure to wear them properly.
- Co-operate with joint occupational health and safety committees, worker health and safety representatives, WorkSafeBC prevention officers, and anybody with health and safety duties.
- Get treatment quickly should an injury happen on the job and tell the health care provider that the injury is work-related.
- Follow the treatment advice of health care providers.
- Return to work safely after an injury by modifying your duties and not immediately starting with your full, regular responsibilities.
- Never work under the influence of alcohol, drugs or any other substance, or if you're overly tired.

Initial (that you have read your responsibilities above) _____

Discrimination and Harassment:

What is discrimination? In British Columbia, it is discrimination if you are treated badly or denied a benefit because of a personal characteristic. Examples of discrimination:

- Firing a woman because she is pregnant
- Refusing to rent an apartment to a couple because they are gay
- Refusing to hire someone because of a physical or mental disability
- Paying a woman less than a man who is doing the same job
- Forcing an employee to retire because of the person's age

What is harassment? Harassment is a form of discrimination. It can be words or actions that offend or humiliate you. It is harassment when someone repeatedly says or does things to you that are insulting and offensive. The Code protects you when harassment is based on a protected characteristic listed under "How am I protected".

There are many types of harassment. Examples of harassment

- Unwelcome sexual suggestions or requests
- Unwelcome touching or physical contact
- Staring at or making unwelcome comments about someone's body
- Jokes based on gender, sexual orientation, or racial stereotypes
- Comments that make fun of or insult people because of their sex, pregnancy, race or physical or mental disability

Student signature _____

Date: _____

Teacher signature _____

Date: _____