To be eligible for an Off-Campus Education Work Experience or RAP placement, the student must have completed the CTS HCS3000 course and all registration documents. RAP students must also complete the HCS3010 which includes the Construction Safety computer course, Emergency First Aid, a Module and test.

1. The student should recognize this learning experience as an opportunity to establish his/her credibility as a good worker. Employment experience, an employer reference and high school credits are the rewards of this program. RAP students will also register hours towards their apprenticeship program.
2. As expected in any employment situation, the student must notify their supervisor of an absence prior to every occurrence.

* **If the courtesy of reporting an absence is neglected, the work experience contract may be terminated.**

1. The student will recognize the need for adequate training for any equipment, tools or machinery for student/employee use. The student has the right to participate in safety training, activities or initiatives. The student understands the “Right of Refusal” to any task considered unsafe or when the student feels ill prepared to undertake an assigned task.
2. The student will recognize and respect the confidentiality of the workstation. Matters that pertain only to the workstation and staff will not be discussed outside the workstation. Genuine concerns regarding the workstation will only be discussed with the Off-Campus Education Coordinator.
3. If the student encounters an accident or injury while at the workstation, it **must** be reported immediately to the supervisor and then to the Off-Campus Education Coordinator at

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1. The student accepts responsibility to maintain accurate and detailed “Time Sheets” or other Off-Campus Education documents as required.
2. The Student accepts responsibility for transportation to and from the workstation.
3. Attendance and school work in other classes must not be affected by Off-Campus Education courses.

**I have read and understand my responsibilities:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name (Please Print) |  | Signature |  |  | Date |

**I have read and understand the student’s responsibilities:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/Guardian Name (Please Print) |  | Signature |  |  | Date |

**RETURN COMPLETED FORM TO OFF-CAMPUS COORDINATOR**

*Reference:*

* *AP216 Off-Campus Education*
* *Off-Campus Education Practice Guide*