



Responsibilities at the Placement Site

Student Name: _____ Date: _____

As a condition of being involved in the Work Experience and/or Secondary School Apprenticeship Programs, I agree to carry out “on the job” training and I understand and agree to the following:

1. That, the “Work Study/Work Experience Education Program Agreement” (Work Safe BC Legal form) and/or Skilled Trades BC Secondary School Apprenticeship Registration Form **MUST** be complete before the work placement starts.
2. That, I will schedule all appointments outside the working hours: only exceptions are emergencies which are to be cleared with the employer sponsor.
3. That, if I am sick I **MUST** call the employer sponsor **AND** the work experience coordinator to let them know that I am unable to work.
4. That, I will comply with the participating organization’s dress code.
5. That, I am responsible for all travel to and from the placement site and I will not carry passengers while participating in the program.
6. That, I will follow the rules of the Company or Institution when I am on this placement.
7. That, if I have any problems during this placement, I will call the program coordinator but will remain at the placement site unless otherwise advised or the situation involves imminent danger.
8. That, I will maintain confidentiality with regards to the company’s business and the business of its customers and that, unless authorized, must not make public any information related to this company.

Student Signature

Parent/Guardian Signature