



WORK EXPERIENCE 12A/B

Paid Employment

Students may use employment to explore career options and gain WEX12 credit. A TRAINING PLAN MUST BE SUBMITTED before hours can be approved.

A few examples include:

- Restaurants
 - Gas Stations
 - Grocery Stores
 - Etc.
-



Each Work Experience Student must complete the following:

Prior to Work Experience:

- Intent to Complete – Orientation
- Training Plan (completed)

During Work Experience:

- Ensure Safety Checklist has been completed
- Track Work Hours

Post Work Experience:

- Evidence of Learning (Report, Conversation with your WEX12 teacher, etc.)
- Student Self Evaluation
- Employer Evaluation and Hour Verification

Work Experience 12

INTENT TO COMPLETE

Student Name: _____ Cell Phone: _____

Email: _____

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

WEX12 Pathways

Students may use one or a combination of all three of the below pathways to satisfy their WEX12 requirements

Non Paid Work Placement set up through the Career Counsellor	Paid Employment Part-time jobs	Career Experiences see your Career Counsellor
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 EXAMPLES: <ul style="list-style-type: none"> • Engineer • Vet assistant • Physiotherapist 	Students may use their current part-time jobs. A Training Plan must be submitted before hours can be approved EXAMPLES: <ul style="list-style-type: none"> • Restaurants • Gas Stations • Grocery Stores • Any paid position 	Various career experiences offered through your school's Career Counsellor (See your Career Counsellor for opportunities and completed hours) <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 WEX12 hours:

- Non Paid Work Placement (Area of Interest _____)
- Paid Employment (Area of 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="radio"/> Intent to Complete | <input type="radio"/> Employer Check-in | <input type="radio"/> Employer Evaluation & Hour Verification Signature |
| <input type="radio"/> October 1st Student Schedule | <input type="radio"/> Student Check-in | <input type="radio"/> Evidence of Learning |
| <input type="radio"/> Training Plan | <input type="radio"/> Student Evaluation | |

WEX12 Teacher Signature: _____ Date: _____

Work Experience 12

INTENT TO COMPLETE

Student Name: _____ Cell Phone: _____

Email: _____

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| <input type="radio"/> Training Plan | <input type="radio"/> Student Evaluation | |

WEX12 Teacher Signature: _____ Date: _____



Work Experience 12

WORKSITE INSPECTION SHEET

Employer: _____ Supervisor: _____

WEX12 Teacher: _____ Date: _____

School Career Teacher Contact

In evaluation of the worksite, please bear in mind that the two most important considerations are:

- The provision of a safe work environment
- The interest and concern of the site supervisor for the student

Please Check the Appropriate Description:

This is a standard worksite (where a worker performs the tasks and responsibilities related to a career under supervision of a worksite employer).

OR

This is a non-standard worksite (a location created by the school district for the purpose of providing work experience, a volunteer position, a post-secondary placement in which the student participates as a student, not an employee).

This is a physically safe worksite (includes location, environmental conditions, building structure)

Necessary safety practices are in place and the student will be informed of these.

The employer has been informed of WorkSafe BC accident or injury reporting procedures and coverage.

The employer/supervisor is familiar with and supports the objectives of the program.

The employer/supervisor will ensure that the student is adequately trained and supervised.

The employer/supervisor will ensure a comfortable working environment for the student including acceptance of the student as an integral part of the work team, freedom from harassment, reasonable expectations for work, breaks, lunch, etc.

The employer is willing to interview the student prior to the work experience (if applicable).

The employer/supervisor is willing to assist in the evaluation of the student, to provide access to teachers on the worksite and to discuss the student's progress with the student and school staff.

Please list any reservations, concerns or limitations you have about this worksite: _____

Safety attire and/or equipment required: _____

This worksite is: Recommended Not Recommended



Work Experience 12

TRAINING PLAN – PAID EMPLOYMENT

WEX12A/B (4 credits): Students MUST complete and submit this Training Plan prior to completing any paid work hours. Once all forms have been submitted, students will receive 4 course credits at the end of The Term. Upon completion of 100 hours, please submit:

- Student Evaluation
- Employer Evaluation & Hour Verification
- Evidence of Learning (to be determined with you and your teacher)

Student Name: _____ Date: _____

Student Cell: _____ Student Email: _____

WEX12 Teacher: _____

Business Name: _____ Supervisor: _____

Address: _____ Bus. Phone: _____

Supervisor Cell: _____ Supervisor Email: _____

Student Job Title: _____

Duties/Tasks (Please list two duties/tasks to be performed):

1. _____

2. _____

Workplace specific skills (Please list two workplace specific skills to be developed):

1. _____

2. _____

Employability Skills (Please check the employability skills to be practiced):

- | | | | |
|---------------------------------------|--|---|---|
| <input type="radio"/> Communication | <input type="radio"/> Positive Attitude | <input type="radio"/> Working with Others | <input type="radio"/> Information Management |
| <input type="radio"/> Responsibility | <input type="radio"/> Organized Planning | <input type="radio"/> Use of Numbers | <input type="radio"/> Adaptability |
| <input type="radio"/> Problem Solving | <input type="radio"/> Willingness to Learn | <input type="radio"/> Work Safety | <input type="radio"/> Effective Time Management |

Students enrolled in Work Experience 12 (WEX12) may use their employment for course credits provided their employer has WorkSafeBC coverage. This ensures students are covered by their employers for any work-related injuries.

WorkSafeBC# (6-digits): _____



Work Experience 12

SAFETY ORIENTATION

Although your employee (this student) may have been working here for a while—we still need to ensure they have received on-the-job safety training. Please initial the training checklist indicating that the worker has received

TOPIC	Student Initial	Supervisor Initial
1. Rights and Responsibilities: (a) General duties of employers, workers, and supervisors		
(b) Workers right to refuse unsafe work and procedure for doing so		
(c) Workers responsibility to report hazards and procedure for doing so		
2. Workplace health and safety rules		
3. Known hazards on the job site and how to deal with them		
4. Safe work procedures for carrying out tasks		
5. Measures to reduce the risk of violence in the workplace and procedures for dealing with violent situations		
6. Personal Protective Equipment (PPE) - what to use, when to use it, and where to find it		
7. First Aid: (a) First aid attendant name and contact information		
(b) Locations of first aid kits and eye wash facilities		
(c) How to report an illness, injury, or other accidents (including near misses)		
8. Emergency procedures: (a) Locations of emergency exits and meeting points		
(b) Locations of fire extinguishers and fire alarms		
(c) How to use a fire extinguisher		
(d) What to do in an emergency situation?		
9. Where applicable, basic contents of the occupational health and safety program		
10. Hazardous materials and WHMIS: (a) What hazardous materials are in the workplace?		
(b) Purpose and significance of hazard information on product labels		
(c) Location, purpose and significance of material safety data sheets (MSDs)		
(d) How to handle, use, store and dispose of hazardous materials safely		
(e) Procedures for an emergency involving hazardous materials, including clean-up of spills		



Work Experience 12 | SAFETY ORIENTATION (Continued)

If the student is exposed to any of the following hazards, they will need to receive specific training on the hazards present and how the hazards are managed within the workplace:

- Falls from Elevation (including ladders)
- Slips, trips and falls
- Lockout (for machinery and power tools)
- Lifting and moving objects or people
- Pinch/Nip points of machinery (Guarding)
- Electrical Hazards
- Forklifts and other mobile equipment
- Confined spaces
- Chemical/Biological Hazards
- Radioactive/Physical Hazards
- Trenching
- Tree Falling
- Violence

Student Name

Student Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Worksite Employer Name/Telephone #

Worksite Employer Signature

Date

WEX12 Teacher Name

WEX12 Teacher Signature

Date

Please return this completed form to your WEX12 Teacher PRIOR to beginning your Work Experience Placement.



Work Experience 12

WORK EXPERIENCE PLACEMENT AGREEMENT

Between School District No. 8 (Kootenay Lake) and _____ and _____
Student's Name Business Name of Worksite Employer

School Information

Name of School: _____
Address: _____ Postal Code: _____
Telephone: _____ Fax: _____
Name of School Contact: _____ Email: _____

Student Information

Legal Name: _____ First Name: _____
Address: _____ Telephone: _____
Email: _____ Date of Birth: _____

Parent/Guardian Information

Legal Name: _____ First Name: _____
Address (if different): _____ Telephone: _____
Email: _____ Date of Birth: _____

Business & Worksite Supervisor Information

Business Name: _____
Address of Worksite: _____

Supervisor

Name: _____ Telephone: _____
Email: _____ Fax: _____

The parties agree to work experience placement for the Student with the Worksite Employer on the following terms and conditions:

Term of Agreement

This agreement will be in effect: from: _____ until: _____ unless it is ended at an earlier time.

Days & Hours of the Work Experience Placement

The Student agrees to perform those duties as assigned by the Worksite Employer on the days and during the hours indicated:

Day(s): _____

Hours: _____

or at such other times, in writing, as may be agreed by the Worksite Employer, Board of Education and Student.

If the student is employed by the Work Site Employer beyond the days and hours agreed upon by the Worksite Employer, Board of Education and Student, none of the provisions of the agreement apply.

1. STUDENT DUTIES

The student agrees to perform without payment those duties assigned to the Student from time to time by the Worksite Employer in consultation with the Board's representatives. The Student agrees to comply with the Worksite Employer's rules and all applicable safety regulations. Special Rules and Regulations are to be communicated by the Worksite Employer to the Student.

2. SUPERVISION

The Student agrees to be under the direct supervision of the Worksite Employer and the Worksite Employer agrees to supervise the Student at all times during the work experience placement.

3. SITE SAFETY ORIENTATION

The Worksite Employer will provide 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.

4. BOARD ACCESS

The Worksite Employer agrees to allow Board of Education representatives to have access at any time to the Worksite Employer's work site and the Student.



Work Experience 12 | WORK EXPERIENCE PLACEMENT AGREEMENT (continued)

5. TRANSPORTATION

The parties agree that the parent or guardian and the Student are solely responsible for the Student’s transportation to and from the Worksite Employer’s Worksite.

6. EVALUATION

When requested by the Board, the Worksite Employer will evaluate the Student’s performance of the Student’s duties; report that evaluation in the form required by the Board, and consult with Board Representatives about the evaluation.

7. WORKERS’ COMPENSATION ACT INJURY COVERAGE

Students in the work experience placement at a standard Worksite are covered by the Workers’ Compensation Act and are considered to be workers of the Government for the Province of British Columbia for Workers’ Compensation purposes only. Coverage is limited by the terms and conditions set out in the Minutes of the Workers’ Compensation Board dated January 29, 2008.

8. NOTICE OF INJURY

The Worksite Employer will, if a student is injured, immediately report the occurrence of injury to the Board of Education.

9. INDEMNITY

The Board agrees to indemnify and hold harmless the Worksite 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 Board, the 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 Worksite Employer, its employees or agents. The Worksite 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.

10. INSURANCE

The Board shall maintain liability coverage to protect the Board, the Board’s employees and the Student during their performance of this agreement. The Board will not be responsible for any loss or damage to the Worksite 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.

11. MINIMUM AGE

The parent or guardian of the Student warrants that the Student is ____ years of age at the date of this Agreement. (A student must be 14 years or older to participate in a work experience placement.)

12. EFFECT ON EMPLOYEES

The Worksite Employer agrees that the placement of the Student will not affect the job security of any employee of the Worksite Employer and will not affect the Worksite Employer’s hiring practices. The placement of the Student will be in addition to the Worksite Employer’s full complement of employees. The Student will not be a replacement for any employee.

13. 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.

14. REFERENCE

In this Agreement a reference to the Board includes Board officers, employees or representatives acting within the scope of their employment.

15. CONFIDENTIALITY

All parties agree to maintain in the strictest confidence, information that comes to their knowledge during the work

Board of Education Representative Name

Board of Education Representative Signature

Date

Student Name

Student Signature

Date

Worksite Employer Name

Worksite Employer Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Work Experience 12

EVIDENCE OF LEARNING, EVALUATIONS & ASSESSMENT

Student Name: _____ Date: _____

The following items must be completed and attached:

- Evidence of Learning
- Student Evaluation
- Employer Evaluation and Hour Verification Signature

Evidence of Learning

Please discuss with your teacher how you will share your evidence of learning (eg. blog, vlog, essay, conversation). In your chosen method, 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 contributed to your growth as a 21st century learner? (Relate this to one or more of the Core Competencies; Communication, Creative Thinking, Critical Thinking, Positive Personal and Cultural Identity, Personal Awareness and Responsibility, and/or Social Responsibility)

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
WEX12 Teacher Signature: _____		Date: _____



Work Experience 12 STUDENT SELF EVALUATION

Please complete the following evaluation for your Work Experience Placement:

N/A Not Applicable **1** Needs Improvement **2** Satisfactory **3** Above Average **4** Excellent

I can effectively communicate	N/A	1	2	3	4
I can manage information	N/A	1	2	3	4
I can solve problems and make decisions	N/A	1	2	3	4
I have a positive attitude towards one's duties	N/A	1	2	3	4
I can display positive "work ethic" (ie confidentiality, regular attendance, punctuality, honesty, trustworthiness, responsibility, etc.)	N/A	1	2	3	4
I can respect diversity and individual differences	N/A	1	2	3	4
I can carry out multiple tasks and identify alternatives	N/A	1	2	3	4
I can function as an effective team member	N/A	1	2	3	4
I can learn from mistakes and accept feedback	N/A	1	2	3	4
I can perform work in a safe manner	N/A	1	2	3	4

Student Signature: _____ Date: _____

Work Experience 12 EMPLOYER EVALUATION

Please evaluate this Work Experience Student, and if possible discuss with the student. Use the four-point scale below:

N/A Not Applicable **1** Needs Improvement **2** Satisfactory **3** Above Average **4** Excellent

Effective communication skills	N/A	1	2	3	4
Manages information	N/A	1	2	3	4
Problem-solving and decision-making skills	N/A	1	2	3	4
A positive attitude towards one's duties	N/A	1	2	3	4
A "work ethic" including confidentiality, regular attendance, punctuality, honesty, trustworthiness, responsibility, etc.	N/A	1	2	3	4
A respect for diversity and individual differences	N/A	1	2	3	4
Ability to carry out multiple tasks or identify alternatives	N/A	1	2	3	4
The ability to function as an effective team member	N/A	1	2	3	4
Learns from mistakes and accepts feedback	N/A	1	2	3	4
The ability to perform work in a safe manner	N/A	1	2	3	4

What are the student's main strengths?

What are your recommended areas for further development and growth?

Other comments:

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

Supervisor Name: _____ Supervisor Signature: _____



School District 8
Kootenay Lake

WORKPLACE CHECK-IN DOCUMENTATION

TEACHER USE ONLY

Employer Check in Date: _____ Visit Phone Email Text

Comments _____

Employer Check in Date: _____ Visit Phone Email Text

Comments _____

Employer Check in Date: _____ Visit Phone Email Text

Comments _____

Employer Check in Date: _____ Visit Phone Email Text

Comments _____





STUDENT CHECK-IN

TEACHER USE ONLY

The following items have been completed:

- Intent to Complete
- Training Plan
- Hours: (See Career Center 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 WEX12A

Comments

Student Signature:

WEX12 Teacher Signature:

Date:

Date: