

**WORK PLACEMENT REGISTRATION
for Adult Learning Centres
2008 – 2009**



FOR WORKERS COMPENSATION COVERAGE

Tel: (204) 945-8247, 1-800-282-8069, ext. 8247
COVER SHEET NOT REQUIRED
FAX No. (204) 948-1008

DATE _____

ADULT LEARNING CENTRE NAME _____ ALC CODE _____

PROGRAM NAME English Français French Immersion Senior Years Technology Education

COURSE NAME (Subject Description) _____ COURSE CODE #

If COURSE NAME is a SIC / SIP, please provide SIC REGISTRATION # COURSE LEVEL

SUPERVISING INSTRUCTOR (print name)
[person directly responsible for learners] _____ Telephone # _____ Fax # _____

SIGNATURE
(of supervising instructor) _____ E-mail _____

LEARNER NAME		MET NUMBER, IF AVAILABLE	ESTIMATED TIME WITH HOST EMPLOYER(S)	
SURNAME	GIVEN NAME		BEGIN YY-MM-DD	END YY-MM-DD
(PLEASE PRINT CLEARLY OR TYPE)			(NO LATER THAN JUNE 30, 2009)	

Please Duplicate as Necessary – Forms also available at <http://www.edu.gov.mb.ca/ael/all/publications.html>