

WORK PLACEMENT REGISTRATION 2017 – 2018

FOR WORKERS COMPENSATION COVERAGE



Education and Training

Tel.: 204-945-1037, 1-800-282-8069, ext. 1037

(Cover Sheet NOT Required)

Email: tve@gov.mb.ca Fax No.: 204-948-2344

DATE _____

SCHOOL DIVISION/DISTRICT _____

SCHOOL NAME _____ SCHOOL CODE _____

CHECK ✓ ONE OF:

English Français French Immersion

SELECT AREA OF STUDY:

Career Development Senior Years Technology Education Other

COURSE NAME (Subject Description) _____ COURSE CODE #

(separate form for separate courses)

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

SUPERVISING INSTRUCTOR (pls. print name)
(person directly responsible for students)

_____ Telephone # _____ Fax # _____

SIGNATURE
(of supervising instructor)

_____ E-mail _____

SIGNATURE
(of Principal or designate)

_____ E-mail _____

SURNAME	STUDENT NAME		STUDENT NUMBER <small>(assigned by Manitoba Education and Training)</small>	ESTIMATED TIME WITH HOST EMPLOYER(S)	
	<small>(PLEASE Print CLEARLY or Type)</small>	GIVEN NAME		BEGIN YY - MM - DD	END YY - MM - DD

Please Duplicate as Necessary

Forms also available on: http://www.edu.gov.mb.ca/k12/policy/work_ed.html