

WORK PLACEMENT REGISTRATION

2009 – 2010

FOR WORKERS COMPENSATION COVERAGE



Education, Citizenship and Youth

Tel.: (204) 945-7948, 1-800-282-8069, ext. 7948

(Cover Sheet **NOT** Required)



NOTE: NEW Fax No.: (204) 948-2344

DATE _____

SCHOOL DIVISION/DISTRICT _____

SCHOOL NAME _____ SCHOOL 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 (pls. print name)
[person directly responsible for students] _____ Telephone # _____ Fax # _____

SIGNATURE _____ E-mail _____
(of supervising instructor)

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

Please Duplicate as Necessary

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

Page ____ of ____
 (of same Course Code # and Level #)