

WORK PLACEMENT REGISTRATION 2011 – 2012



FOR WORKERS COMPENSATION COVERAGE

Tel.: 204-945-7948, 1-800-282-8069, ext. 7948
(Cover Sheet NOT Required)
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)

STUDENT NAME		STUDENT NUMBER <small>(assigned by Manitoba Education)</small>	ESTIMATED TIME WITH HOST EMPLOYER(S)	
SURNAME	GIVEN NAME <small>(PLEASE Print CLEARLY or Type)</small>		BEGIN YY - MM - DD	END YY - MM - DD <small>(No later than June 30, 2012)</small>

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 #)