Work Placement Registration For Workers Compensation Coverage

Note: In order to access the forms full functionality, download the PDF to your digital device and complete it using Adobe Acrobat Reader or Adobe Acrobat product. A free copy of Adobe Acrobat Reader can be downloaded at https://get.adobe.com/reader/. Additional lists of student names and MET numbers may be added by attaching a list to the email after clicking the SUBMIT button. Forms also available at: http://www.edu.gov.mb.ca/k12/policy/work_ed.html

Date	School Division/District					
School Name			School Code	(4-digit)	School Codes	
Subject Table Handbook		Subject Handbook Technolgy Education				
Course Name (as per Subject Table Handbook)		Course Code (4-d	ligit)	Course Level	(e.g., 305)	
Estimated Time with host employer(s) Begin (YY-MM-DD) End (YY-MM-DD)		If course is a SIC /SIP, pleas	If course is a SIC /SIP, please provide SIC registration number			
Supervising Instructor Directly Responsible for Students Supervis		pervising Instructor Telephone Number				
Supervising Instructor Signature Si		Supervising Instructor Email				
Principal or Designate Signature Princ		ncipal or Designate Email				

Student Last Name	Student First Name	Student MET Number (9-digit number assigned by Manitoba Education and Early Childhood Learning)

Telephone: 204-945-1037 Toll-Free: 1-800-282-8069, ext. 1037 Email: tve@gov.mb.ca

