Medicine Hat Public School Division
601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6700 | Fax 403.529.5339 | www.mhpsd.ca

MEDICINE HAT PUBLIC BOARD OF EDUCATION OPERATES AS MEDICINE HAT PUBLIC SCHOOL DIVISION,
AND FOR THE PURPOSE OF THIS DOCUMENT WILL BE REFERRED TO AS "MHPSD" AND/OR "DIVISION"

SECTION 700 – Educational Program

ADMINISTRATIVE PROCEDURE - EXHIBIT: OFF-CAMPUS EDUCATION - WORK SITE/PLACEMENT APPROVAL FORM

EXHIBIT CODE:	*718 E 003*
Policy Reference: 718 – Off-Campus Education	**Procedure Code Reference:** 718 AP 001 – Off-Campus Education

EXHIBIT

See below for form.

Approved: February 18, 2014
Revised: _____

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OFF-CAMPUS EDUCATION: WORK SITE/PLACEMENT APPROVAL FORM

School Jurisdiction: Medicine Hat Public School Division Date: _____

School: _____ School Year: _____

Address: _____ School Code: _____

_____ Postal Code: _____

Off-Campus Coordinator: _____ School Phone: _____

Email: _____

PROGRAM TYPE (Please Check One)

- ☐ **Work Experience** (15-25-35)
- ☐ **Work Study** (associated with a course)
- ☐ **Special Education** (please define circumstances in a covering letter)
- ☐ **R.A.P.** (Registered Apprenticeship Program)
- ☐ **Green Certificate**
- ☐ **K & E** (Knowledge & Employability)

SITE LOCATION AND JOB DUTIES

Name of Employer: _____ Student Name: _____

Site Address: _____ Number of Employees: _____

_____ Number of Students: _____

Supervisor: _____ Phone Number: _____

Student Duties: _____

_____

POLICY

Procedures associated with the approval of Off-Campus Education Programs are presented in Policy 718 – Off-Campus Education of the Medicine Hat Public School Division Policy and Procedures Manual and require that this form be completed by a school offering or intending to offer an Off-Campus Education Program. This form must be signed by the Superintendent of Schools or Secretary Treasurer.

AFFIRMATION

I hereby affirm that:

- ☐ the Work Site/Work Station Inspection Checklist has been completed and the site has been approved.
- ☐ an Off-Campus Education Work Agreement has been signed by all appropriate parties .

School Coordinator: _____ Signature: _____
(School Coordinator)

Date: _____

APPROVAL

On the basis of the information provided in this application, approval is hereby granted to the School named above to proceed with the work site/placement as outlined herein.

Division Designate: _____ Signature: _____
(Secretary Treasurer) (Division Designate)

Date: _____