



BLACK GOLD REGIONAL DIVISION No. 18

Off-Campus Education Agreement

IMPORTANT

One of these Agreements **MUST** be completed for **EACH** Employer for whom a student may work while enrolled in Off-Campus Education. Until all the parties concerned have signed this document and a copy has been filed with the school, the student-trainee is **NOT** covered by Worker's Compensation.

PART A: Student Information *(please print)*

OFF-CAMPUS PROGRAM: <input type="checkbox"/> Work Experience <input type="checkbox"/> RAP <input type="checkbox"/> Green Certificate <input type="checkbox"/> Other:		DATE:
STUDENT NAME:		WORK HOURS: <input type="checkbox"/> Regular <input type="checkbox"/> Extended
ADDRESS:	CITY:	POSTAL CODE:
HOME PHONE:	PARENT DAYTIME PHONE:	CELL PHONE / PAGER:
EMAIL:	EMERGENCY CONTACT PERSON:	EMERGENCY CONTACT PHONE:
BIRTH DATE (Month / Day / Year)	ALBERTA HEALTH CARE NUMBER:	STUDENT CELL PHONE:

PART B: Work Site Information *(please print)*

REGISTERED COMPANY NAME:	WORK SITE SUPERVISOR:	SUPERVISOR PHONE:
OPERATING NAME:	BUSINESS ADDRESS:	CITY & POSTAL CODE:
SUPERVISOR EMAIL:	SUPERVISOR CELL PHONE:	SUPERVISOR FAX:

PART C: Off-Campus Coordinator Information *(please print)*

OFF-CAMPUS COORDINATOR:	SCHOOL PHONE:	SCHOOL FAX:
COORDINATOR EMAIL:	COORDINATOR CELL PHONE:	COORDINATOR HOME PHONE:

PART D: Contract

STUDENT: I agree to:

1. Complete HCS 3000: Workplace Safety Systems (or AGR 3000: Agriculture Safety Course for Green Certificate), prior to starting the Off-Campus course.
2. Keep regular attendance at school and at the work site.
3. Contact both the school and the work site supervisor every time I am going to be absent from work.
4. Show responsibility, honesty, punctuality, a cooperative attitude, a willingness to learn, and good health & grooming habits.
5. Conform to all the rules and regulations of the work site, including Dress Codes.

STUDENT SIGNATURE

DATE

OFF-CAMPUS COORDINATOR: I agree to:

1. Supervise the placement and progress of the student in this Off-Campus Program.
2. Help the Work Site Supervisor plan meaningful experiences for the student.
3. Evaluate the student during and upon completion of this program.

OFF-CAMPUS COORDINATOR SIGNATURE

DATE

PARENT or GUARDIAN: I agree to:

1. Permit my child to be involved in this Off-Campus Program indicated above.
2. Share the responsibility for the conduct of my son / daughter while in the Off-Campus Program.
3. Encourage my child to obtain experience in an actual on-the-job setting.
4. Review the Student Learning Plan, including Hazard Assessment and Precautions.
5. Allow my child to be transported by a company employee in the performance of his / her duties.

PARENT / GUARDIAN SIGNATURE

DATE

WORK SITE SUPERVISOR: I agree to:

1. Expose the student to meaningful work.
2. Make the student aware of all the rules and regulations of the training station, especially safety precautions.
3. Provide a work setting that meets local, provincial, and federal legislated requirements.
4. Cooperate with the school in the supervision and evaluation of the student.
5. Maintain contact with the school's Off-Campus Coordinator.
6. Not hold the school responsible for damage caused by students.
7. Provide work from 7:00 am to 10:00 pm only, which is when W.C.B. coverage is in place.
8. Be responsible for the safe transportation of the student while working.

WORK SITE SUPERVISOR SIGNATURE

DATE

(This information is collected and distributed in accordance with the Freedom of Information and Protection of Privacy Act, Section 33).

WHITE COPY - Off-Campus Coordinator YELLOW COPY - Work Site Supervisor PINK COPY - Student