



# Work Experience Placement Request

**Complete this form, even if you are NOT registered in a WEX12 course.  
Any students in grades 10-12 may request a community-based Work Experience placement**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ STUDENT #: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ POSTAL: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Please answer ALL of the following questions:**

1. Are you registered in a WEX12 course?      **YES**      **NO**      WEX12A or      WEX12B *(please specify)*  
 If YES, who is your WEX12 Teacher? \_\_\_\_\_

2. What type of job would you like for your Work Experience placement? \_\_\_\_\_

3. Do you want to do your Work Experience with a specific employer?      **YES**      **NO**  
**BUSINESS NAME:** \_\_\_\_\_ **CONTACT NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

4. Please list any special skills, training or certificates you have completed (e.g. Food Safe, etc.)  
 \_\_\_\_\_

5. Do you have transportation to and from a work site?      **YES**      **NO**      *(If YES, please specify)*  
 \_\_\_\_\_

6. What day(s) are best for you to attend a Work Experience placement? *(Please check ALL that apply)*  
 Sun      Mon      Tues      Wed      Thurs      Fri      Day 1      Day 2

7. Do you want to do your Work Experience during the following times? *(Please check ALL that apply)*  
 Spring Break      Winter Break      Semester Break      Pro-D Days      Other: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Submit this completed form to your school Work Experience Facilitator**

**\*\*Please complete this form IN FULL.  
Incomplete forms will be returned to the student.\*\***