



# Work Experience (WEX12) Training Plan

## Student Information

Course: **WEX12A** or **WEX12B** (please specify)

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Work Site Information

Worksite Location (Business Name): \_\_\_\_\_

Worksite Address: \_\_\_\_\_  
\_\_\_\_\_

Worksite Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Worksite Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Worksafe BC (WCB) Account Number: \_\_\_\_\_

Employer On-Site Safety Orientation Provided: ☐ Yes ☐ No DATE: \_\_\_\_\_

Estimated Number of Hours to be worked: \_\_\_\_\_

Work Schedule: Hours/Dates must occur in the future:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Dates:							

or, Date Range: \_\_\_\_\_

My current career plans include the following:

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Educational Plans:

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**Please Check ( ✓ ) your area of interest**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Business/Applied Business     | <input type="checkbox"/> Humanities                               | <input type="checkbox"/> Trades/Construction/<br>Maintenance/Repair |
| <input type="checkbox"/> Creative Arts, Design & Media | <input type="checkbox"/> Engineering, Science/<br>Applied Science | <input type="checkbox"/> Computer/Software Technology               |
| <input type="checkbox"/> Social Services               | <input type="checkbox"/> Tourism, Hospitality &<br>Food Services  | <input type="checkbox"/> Mathematics/Research/<br>Analytics         |
| <input type="checkbox"/> Health Services               |   |   |
| <input type="checkbox"/> Human Services                |   |   |

**List three (3) courses you have taken and describe how they relate to your workplace as indicated on previous page:**

- |                  |               |
|------------------|---------------|
| 1. Course: _____ | Relate: _____ |
| 2. Course: _____ | Relate: _____ |
| 3. Course: _____ | Relate: _____ |

**Job Title:** \_\_\_\_\_

**Please describe the type of work done and the tasks/duties performed:**

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**Please Check ( ✓ ) the Employability Skills that you practiced during your placement**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Communication          | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Working with Others       |
| <input type="checkbox"/> Information Management | <input type="checkbox"/> Responsibility    | <input type="checkbox"/> Organized Planning        |
| <input type="checkbox"/> Use of Numbers         | <input type="checkbox"/> Adaptability      | <input type="checkbox"/> Problem Solving           |
| <input type="checkbox"/> Willingness to learn   | <input type="checkbox"/> Workplace Safety  | <input type="checkbox"/> Effective Time Management |

**I understand that it is my responsibility to check in with the Work Experience Facilitator/Teacher on a regular basis and complete the course by the required due date.**

**Student/Parent or Guardian:**

StudentName: _____	Signature: _____
Parent Signature: _____	Date: _____

**Work Experience Teacher:**

Teacher Name: _____	Signature: _____
	Date: _____

**Employer:**

Contact Name: _____	Signature: _____
	Date: _____