



**Fall 2022**

**Applications Due: Friday, May 20, 2022**

**TRILLIUM HEALTH PARTNERS**  
High School Co-operative Education Program

**Credit Valley Hospital (CVH) Site - 2200 Eglinton Ave. West, Mississauga**  
**Mississauga Hospital (MH) Site - 100 Queensway West, Mississauga**  
**Queensway Health Centre (QHC) Site - 150 Sherway Drive, Toronto**

**Co-op Placement Positions**

**SECTION A**

**Application MUST be typed. Incomplete applications will NOT be considered.**

**Student's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Student's email address:** \_\_\_\_\_ **Student's cell phone:** \_\_\_\_\_  
**(Must be current, accurate & viewed on a daily basis)**

**School Board Coordinator & Contact Name:** \_\_\_\_\_

**\*THP Placement Supervisors – Interviews to be coordinated with School Board Coordinator – see Page 6**

**Co-op Teacher:** \_\_\_\_\_

**Co-op Teacher's email address:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **School Phone:** \_\_\_\_\_

**Career Goals:** \_\_\_\_\_

**Placement Position Requested (2 Choices Allowed): This MUST appear the same as on Application**

1 \_\_\_\_\_

2 \_\_\_\_\_

**\*\*\*Indicate Site Location and please ensure Placement Position descriptions have been reviewed.\*\*\***

**IMPORTANT: Your teacher will require a completed application package for each placement.**

**A maximum of 1 application with 2 options per student will be accepted.**

**Level of Study:** Pertinent school subjects: (i.e. Grade 11 Biology, etc.) \_\_\_\_\_

**No. of credits completed by start of placement:** \_\_\_\_\_

Check off box if you are enrolled in the **Specialist High Skills Major Program**  please specify \_\_\_\_\_

<b>Schedule</b> <b>Please indicate:</b> Full day semestered <input type="checkbox"/> Full day non-semestered <input type="checkbox"/> Half day a.m. <input type="checkbox"/> / Half day p.m. <input type="checkbox"/>	<b>In School Day</b> <b>(Integration Day)</b> (i.e. Friday)	<b>Co-op Placement Schedule</b> (i.e. Monday - Thursday)	<b>Hours Per Day</b> (approx. hours)
<b>Start Date:</b> (i.e. Month/Day/Year)			
<b>End Date:</b> (i.e. Month/Day/Year)			



**Attach a current resume.**

<b>Application Checklist</b>	
<p><b>Trillium Health Partners is a Scent Free Organization.</b></p> <p><b>We ask that you refrain from using perfumes, colognes and scented products.</b></p>	
Placement Application Form (Sections A & B) <input type="checkbox"/>  Teacher Reference Request Form <input type="checkbox"/>	Employer, Volunteer Supervisor, or community member Reference Request Form <input type="checkbox"/>  Current Resume <input type="checkbox"/>
<p style="text-align: center;">Completed application package for each placement. <input type="checkbox"/></p> <p style="text-align: center;"><b>A maximum of 1 application with 2 options per student will be accepted</b></p> <p><b>Please Note:</b> If you are the successful candidate, <u>you will be required</u> to have all of your immunizations up to date and completed prior to placement. Please book an appointment with your family physician ASAP to complete a two-step Tuberculosis test and record of immunity. This needs to be completed prior to the first day of placement. This can take up to 30 days.</p> <p><b>As of September 7, 2021, Trillium Health Partners (THP) requires that all employees, professional staff, learners and volunteers; as well as contractors and vendors operating on the hospital site, be fully vaccinated against COVID-19 OR be approved for a medical exception or Human Rights accommodation.</b></p>	
<p><b>IMPORTANT:</b></p> <p><b>In accordance with the <i>Accessibility for Ontarians with Disabilities Act, 2005</i> and the <i>Ontario Human Rights Code</i>, please inform Volunteer Resources if you require any accommodation(s) in respect of any learning materials or processes to ensure your equal participation</b></p>	

**High School Co-operative Education Program**

**Confidential Reference Request Form**

***Teacher (can include a Science / Math / Health & Wellness teacher)***

**Applicant**, please attach to your application package

\_\_\_\_\_ has given your name as a reference for the co-op program at Trillium Health Partners. As part of our principles and protocols for screening practices, we would appreciate a few moments of your time to complete this form. Please return form via applicant as soon as possible. There may be a follow-up telephone call to you from Trillium Health Partners to confirm documentation.

1. Relationship to the applicant \_\_\_\_\_

How long have you known the applicant \_\_\_\_ years \_\_\_\_ months

2. Check each item at the point of scale, which best indicates your rating of the applicant.

CHECK APPROPRIATE RATING	EXCELLENT	GOOD	AVERAGE	FAIR	POOR	UNKNOWN
INITIATIVE						
MATURITY						
RELIABILITY/DEPENDABILITY						
INTEGRITY						
ABILITY TO COMMUNICATE						
ADAPTABILITY TO CHANGE						
PROBLEM SOLVING						
TEAMWORK						
ABILITY TO WORK INDEPENDENTLY						
OVERALL RATING						

3. From your knowledge of this individual, do you have insight into their reason for applying to this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Would the applicant make a good co-op student in a healthcare setting?  Yes  No  
If yes, refer to their qualities. If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What experience and skills do you feel the applicant has that would be valuable in performing in a co-op position?  
(Please indicate applicant's strengths and areas for development or improvement).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Would you welcome the opportunity to work with this individual again?  Yes  No

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(Please print)

School: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Confidential Reference Request Form**

***Employer, Volunteer supervisor, or Community member***

**Applicant**, please attach to your application package

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3. From your knowledge of this individual, do you have insight into their reason for applying to this program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Would the applicant make a good co-op student in a healthcare setting?  Yes  No  
If yes, refer to their qualities. If no, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What experience and skills do you feel the applicant has that would be valuable in performing in a co-op position? (Please indicate applicant's strengths and areas for development or improvement).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Would you welcome the opportunity to work with this individual again?  Yes  No

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
(Please print)

**Organization:** \_\_\_\_\_ **Tel. No:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**SCHOOL BOARD CONTACTS**

School Board:	Name:	E-mail:	School/Title:	Phone #
Dufferin-Peel Catholic District School Board <b>DPCDSB</b>	Alexa Lazaric & Joseph Da Costa <b>MH &amp; QHC sites</b>	<a href="mailto:Alexa.Lazaric@dpcdsb.org">Alexa.Lazaric@dpcdsb.org</a> cc: <a href="mailto:Joseph.DaCosta@dpcdsb.org">Joseph.DaCosta@dpcdsb.org</a>	St. Francis Xavier S.S; Department Head of Co-op/SHSM/Library Co-op Consultant	905-507-6666 ext. 73240 905-890-0708 ext. 24524
Dufferin-Peel Catholic District School Board <b>DPCDSB</b>	Warren Kobbekaduwe & Joseph Da Costa <b>CVH site</b>	<a href="mailto:Warren.Kobbekaduwe@dpcdsb.org">Warren.Kobbekaduwe@dpcdsb.org</a> cc: <a href="mailto:Joseph.DaCosta@dpcdsb.org">Joseph.DaCosta@dpcdsb.org</a>	St. Francis Xavier S.S; Co-op Teacher Co-op Consultant	905-507-6666 ext. 73242 905-890-0708 ext. 24524
Peel District School Board <b>PDSB</b>	Ann-Marie Pottinger  Kerry Powers	<a href="mailto:annmarie.pottinger@peelsb.com">annmarie.pottinger@peelsb.com</a>  <a href="mailto:kerry.powers@peelsb.com">kerry.powers@peelsb.com</a>	Experiential Learning/Co-op Instructional Resource Teacher  Instructional Resource Teacher (Acting) Experiential Learning & Cooperative Education <i>Student Learning Support Services</i>	905-890-1099 ext. 2441  W: (905) 890-1010 Ext. 2441 F: (905) 890-6939
Toronto District School Board <b>TDSB</b>	Doris Izevbijie	<a href="mailto:Doris.Izevbijie@tdsb.on.ca">Doris.Izevbijie@tdsb.on.ca</a>	Placement Facilitator	416-394-6205
Toronto Catholic District School Board <b>TCDSB</b>	Lori D'Agostino	<a href="mailto:lori.daagostino@tcdsb.org">lori.daagostino@tcdsb.org</a>	Co-operative Education Resource Teacher	416-222-8282 ext. 2960
Halton Catholic & Halton District School Boards <b>HDSB &amp; HCDSB</b>	Michelle Murray	<a href="mailto:mmurray@hiec.on.ca">mmurray@hiec.on.ca</a>	Director of Operations @ HIEC	905-634-2575 ext.12
École Secondaire Jeunes Sans Frontières <b>ESJSF / CS Viamonde</b>	Bertin Nkuikeum	<a href="mailto:nkuikeumlakoundb@csviamonde.ca">nkuikeumlakoundb@csviamonde.ca</a>	Cooperative Education Teacher	647- 889.9402
Philopateer Christian College <b>PCC</b>	Gloria Doss & Phoebe Wasfy	<a href="mailto:gloria.doss@pccnet.ca">gloria.doss@pccnet.ca</a> cc: <a href="mailto:Phoebe.Wasfy@pccnet.ca">Phoebe.Wasfy@pccnet.ca</a>	Co-op Coordinator  Principal	647-401-8929 905-814-5181 ext. 105 905-814-5181 ext. 103
King's Christian Collegiate <b>KCC</b>	Christine Vatcher	<a href="mailto:cvatcher@kingschristian.ca">cvatcher@kingschristian.ca</a>	Director of Co-operative Education	905-257-5464 ext. 509
École secondaire catholique Sainte-Famille <b>ESCSF</b>	Martin Robert	<a href="mailto:mrobert@cscmonavenir.ca">mrobert@cscmonavenir.ca</a>	Co-operative Education Teacher	905-814-0318 ext. 82104/Cell: 416-949-3655

## CO-OP TEACHER INFORMATION:

- A. Submit by scanning directly to your School Board Contact, the *entire* “Application Package” (including sections A&B, References, School Board Contacts, resume, etc.)
- B. Ensure your student submits one application per placement and indicate the placement position is the same as it appears on the Placement Opportunities document as well as the site location.
- C. Ensure you select the appropriate placement that will suit the student’s school schedule (i.e. Full Day or Half Day (refer to the Placement Schedule)).
- D. Submit the application by May 20, 2022 for Fall 2022.