

Student name: _____

Workplace: _____

RAP W.EX



Grande Prairie and District Catholic Schools

OFF CAMPUS EDUCATION APPLICATION



Off-Campus Program

9902 101 St, Grande Prairie, AB T8V 2P4 • Telephone: 780-532-3013 • Cell: 780-518-0507

Off-Campus Director: Linda Beaudet • lindabeaudet@gpcsd.ca

Off Campus Program Outline



School Coordinator: Dave MacPherson

Work Cell: (780) 831-5438

Objective:

“Off-campus education is an experiential method of learning that integrates a student’s classroom studies with recognized on-the-job work experiences. Using the expertise, talent and resources of community-based service organizations and agencies, and of business, industry, citizen groups and parents/guardians, schools can enrich the educational experiences of students. Off-campus education programs use a set of planned educational experiences designed to enable students to acquire knowledge, skills and attitudes related to work and other life roles through their participation in out-of-class study, observation and/or performance in community-based work sites and/or work stations.”

Alberta Education (2010), Off-campus education handbook, retrieved from <http://education.alberta.ca/teachers/program/off-campus.aspx>

Prerequisites:

- **ALL STUDENTS** must complete **HCS3000: Workplace Safety Systems** before they will be granted the opportunity of Off Campus programing.
- It is also **recommended** that **RAP** students obtain **HCS3010** as well.
- All worksites must have a pre-inspection completed by the off campus coordinator before hours can be accepted for credit.

Course Credit:

| RAP | | | | Work Experience 15–25–35 |
|--|--------------|--------------------|----------------|--|
| RAP courses within each trade designation must be taken sequentially. Students can earn up to 1000 hours toward first year apprenticeship and a total of 40 credits. | | | | Three separate courses intended to be appropriate for students at the Grade 10, 11 or 12 level. Each course is time based, i.e., 25 hours per credit, and is available with variable credit options: a. Work Experience 15 (3–10 credits) b. Work Experience 25 (3–10 credits) c. Work Experience 35 (3–10 credits) |
| Course | Hours | Total hours | Credits | |
| 15 | 125 hours | 125 hours | 5 credits | |
| 25a | 125 hours | 250 hours | 5 credits | |
| 25b | 125 hours | 375 hours | 5 credits | |
| 25c | 125 hours | 500 hours | 5 credits | |
| 35a | 125 hours | 625 hours | 5 credits | |
| 35b | 125 hours | 750 hours | 5 credits | |
| 35c | 125 hours | 825 hours | 5 credits | |
| 35d | 125 hours | 1000 hours | 5 credits | |
| Total: 40 credits (toward diploma) | | | | Total: 30 credits (15 toward diploma) |

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Course Evaluation:

| | |
|-------------------------------------|-------------|
| School Component: | 50% |
| Responsibility | 10 |
| Assignments / Timesheets | 30 |
| Punctuality / Meeting Attendance | 10 |
| Workplace Component: | 50% |
| Required Hours Submitted for Credit | |
| Midterm Supervisor Evaluation | |
| Supervisor Final Evaluation | |
| Total: | 100% |

Course Expectations:

- **Students are fully, or in part, responsible for obtaining employment, and ensuring the employer is willing to participate in the program.**
- Students must complete the Off Campus Agreement Forms, a student Learning Plan (completed and signed by all participants), and attend all required meetings.
- Students must maintain an activity and hour log, OR submit copies of timesheets (discuss with off-campus coordinator).
- Employers are required to fill out midterm and final evaluations for the student.
- Any Accidents or incidents must receive immediate medical attention if required, be logged in employer's safety log, and be **reported to off campus coordinator immediately.**
- If the student is injured, a WCB Employer Form must be completed (Alberta Education WCB code), a WCB worker form must be completed by the student, and a form must be completed by the Doctor providing medical care. **All forms must be submitted within 72 hours of the incident.**
- Students must
 - follow all reasonable instructions given by the employer
 - accept corrective and constructive criticism in a gracious manner
 - respect the confidentiality of the worksite
 - report all problems / accidents / issues / concerns to the coordinator as they arise
 - Call supervisor or employer if unable to attend work due to illness or emergency.

Change in Employment:

- Students must inform the coordinator if a change in employment will occur.
- A final evaluation must be obtained from the old employer to validate hours for credit,
- A new contract must be completed by all participants, and the new site must be inspected and approved before credit can be earned in the new work experience site.

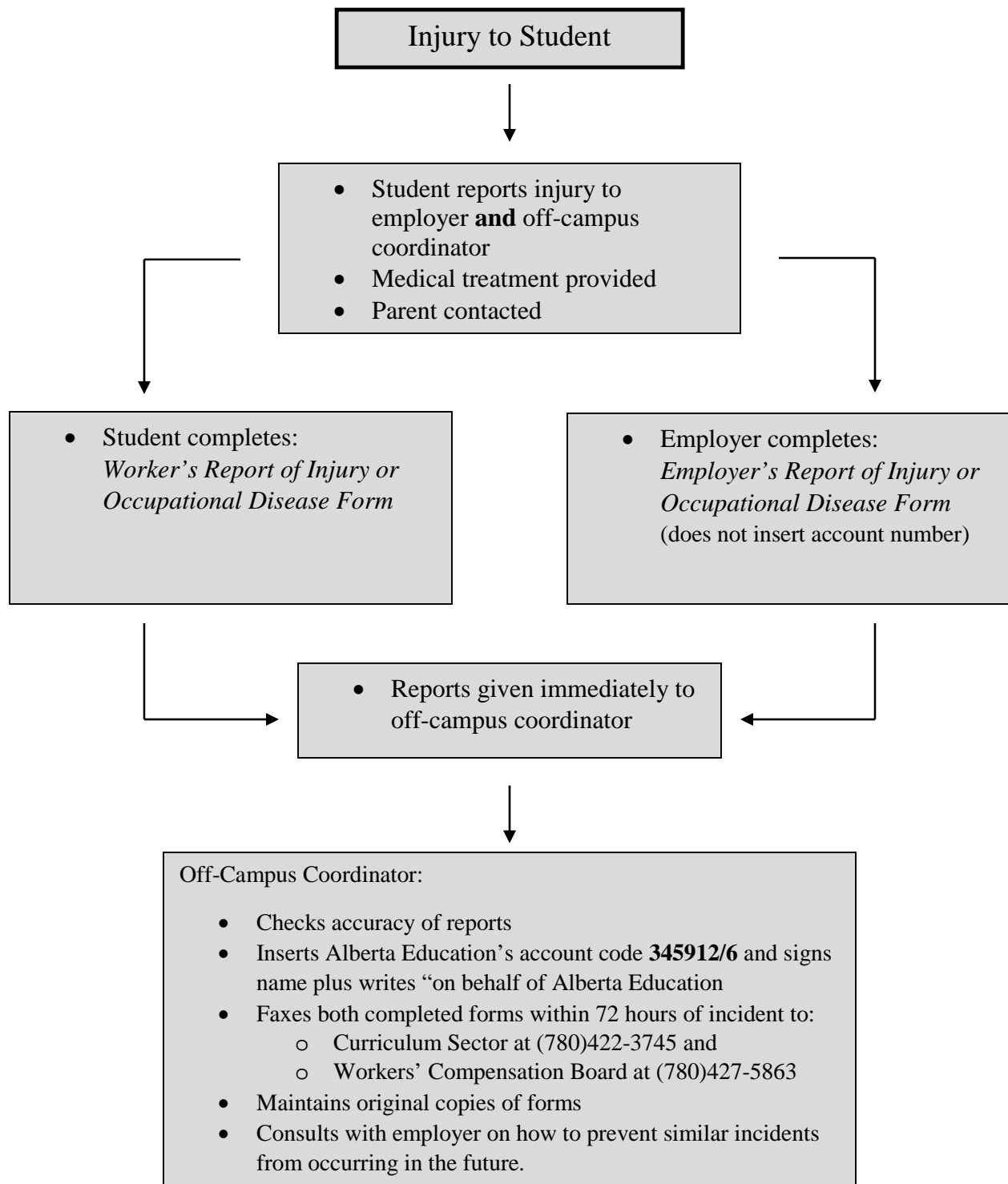
*~FAILURE TO COMPLY WITH THESE EXPECTATIONS MAY RESULT IN WITHDRAWAL FROM THE COURSE AND EVEN LOSS OF EMPLOYMENT.
STUDENTS NEED TO UNDERSTAND THE PURPOSE OF THE PLACEMENT IS TO LEARN THROUGH THE EXPERIENCE~*

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In Case of Emergency:

| | |
|---|---|
| <p>Dave MacPherson Off-campus Coordinator 780-831-5438 davidmacpherson@gpcsd.ca</p> | <p>Linda Beaudet District Principal 780-518-0507 (cell) lindabeaudet@gpcsd.ca</p> |
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Off Campus Program
PARENT/GUARDIAN INFORMATION



Dear Parent/Guardian:

Your son/daughter has requested to participate in the Off-campus Education Program. The intention of this letter is to let you know about the unique conditions and circumstances of the Off-campus Education Program. The main purpose of off-campus education is to help students research and identify their educational and occupational goals.

Additional objectives are:

- To explore career opportunities at their source for future career planning decisions.
- To gain knowledge and skills in the use of application forms, résumés, reference letters and job interview situations
- To acquire credible experience and references to pursue and enter future employment, or for applying to post-secondary institutions.
- To achieve three or more school credits toward an Alberta High School Diploma
- To attain hours that may be recognized toward a trade apprenticeship, if registering in the Registered Apprenticeship Program (RAP)

As part of the Off-campus Education Program, students will be required to complete in-class work related to job preparation, with an emphasis on workplace health and safety. As part of career planning, they may be required to conduct research on specific occupations of personal interest, prior to placement at an off-campus work site.

Employers are willing to provide training and work experience only when assured that the student is genuinely interested in the occupation and trying to meet employer expectations.

In this program, students will:

- be monitored at the work site by an off-campus coordinator on a frequent basis
- be covered by Workers' Compensation
- be granted credits upon successful completion of the program
- be provided training and work assignments by a specified supervisor
- be required to telephone the employer and the school, if absent from work
- not be required to work on school holidays or examination days, but may work on such days if an agreement is made by the student, off-campus coordinator and the employer supervisor

The student's success in off-campus activities is greatly dependent upon personal accountability. As parents/guardians, you can play an important role in helping your child decide if he or she is ready to commit to the program and by encouraging your child to have a positive attitude toward work and other requirements of the program.

In order for your child to participate in the requested course or program, your informed consent is required.

Please sign the Parental Consent and Program Work Agreement forms. If you have any questions or concerns, please contact your local school off-campus coordinator.

I hope this program can be a meaningful experience that meets your child's objectives.

Sincerely,

Linda Beaudet
Off-campus Director

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Off Campus Program
PARENT/GUARDIAN CONSENT FORM



Student Name: _____

I hereby consent to the above-named student being placed in a registered work site/station for the purpose of Work Experience or the Registered Apprenticeship Program.

I understand that:

1. The School or the Board shall not be held liable or responsible for the student's transportation to and from the work site/ station.
2. Students must maintain good standing in all other courses, and course work and examinations missed in other classes must be completed.
3. The student will be expected to:
 - Be prompt and regular in attendance at work.
 - Be prompt and regular in attendance of regular classes.
 - Conform to company rules, regulations, and health and safety program requirements
 - Accept direction and assessment from authorized personnel.
4. Students may be withdrawn from a Work-site/station at the request of the employer, by notice to their school's Off-Campus Program Coordinator.

Mother/Guardian

First Name: _____ Last Name _____

Home Phone _____ Work Phone _____

Relationship to student: _____ Living with Student: Yes No

Father/Guardian

First Name: _____ Last Name _____

Home Phone _____ Work Phone _____

Relationship to student: _____ Living with Student: Yes No

X _____ Date signed: _____

Signature of Parent / Guardian

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OFF-CAMPUS EMPLOYER WORK AGREEMENT



BETWEEN

Date: _____

A. Name of Student: _____
(herein called "the student")

B. Name of Employer: _____ Telephone: _____

Company Address: _____

Supervisor/Manager: _____ Telephone: _____

Email address: _____

WHEREAS:

- The board has approved an Off-campus Education Program for students in its school pursuant to section 39 of the *School Act*.
- The employer and the student have agreed to participate in the said program on the terms and conditions herein set forth.

WITNESSETH:

• **Period of Agreement**

The student shall, from _____ to _____, faithfully, honestly and diligently serve the employer and devote his or her whole time and attention to such employment during the hours of employment hereunder prescribed.

• **Hours of Work**

The recommended hours of employment shall be from 7 AM to 10 PM, in each day of the week during the term of this agreement.

1. By *Workers' Compensation Act*, AR R.S.A. 2000, Section 153(3), the student has been deemed to be "a worker" employed by the Government of Alberta.
2. In the event the student shall be employed by the employer outside the scope of this agreement, the employer and employee are subject to the *Employment Standards Act*, the regulations and orders thereunder are subject to the *Employment Standards Act*, the regulations and orders thereunder.

In the case of full time employment students must not work more than 40 hours per week.

In the case of part time employment, sum of total hours between school and work cannot exceed 60 hours per week.

• **Termination**

Notwithstanding anything herein contained to the contrary, any party written hereto may, with or without cause, summarily terminate by giving written notice of termination to the parties to this agreement.

• **Supervision**

During the hours of employment herein set forth, the student shall be under the direct supervision and control of the employer, provided that the employer shall at all times permit the board or its representatives access to the employment site and student.

• **Evaluation**

The employer shall, at the request of the board or its representatives, evaluate the student in the performance of his or her duties hereunder and report such evaluation on a form from time to time provided to the employer by the board.

• **Full-time Employee Tenure**

The employer agrees that the employment of the student hereunder shall in no way affect the job security of any other employee of the employer, nor the employer's hiring practices with regard to full-time employees.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I ACCEPT AND AGREE TO ALL OF ITS TERMS AND CONDITIONS.

Employer Signature

Student Signature

Off-campus Coordinator Signature

Parent/Guardian Signature

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Student name: _____

Workplace: _____

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OFF CAMPUS EDUCATION Learning Plan



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Off Campus Program
LEARNING PLAN



Student: _____

Job Title: _____

Company Name: _____

Supervisor(s) Name: _____

Supervisor Telephone: _____

Supervisor Email: _____

Student Duties and Responsibilities

Please give a detailed description of the duties this student will be responsible for at this work site – point form is preferable.

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Student Learning Plan

Please list the **workplace skills, attitudes and knowledge** that the student possesses that enabled him or her to be hired for the job position.

What job training and/or safety training has the student completed to date?

What special training will the student complete in the next 75 – 125 hours of work?

What **workplace skills, attitudes and knowledge** do you want the student to develop or improve upon during the next 75 - 125 hours of work?

Supervisor Signature

Date: _____

Student Signature

Date: _____

Off-campus Coordinator Signature

Date: _____

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