

Work Experience Application

Student Name: Last Name First Name First Name				Student Number:			
Current Grade; Last Name First Name Cell #				email:			
·				Parent email:			
					tt ontain.		
Focus Areas Business and Applied Business Fine Arts, Design and Media Fitness and Recreation Health and Human Services					Liberal Arts and Humanities Science and Applied Science Tourism, Hospitality and Foods Trades and Technology		
	current Career Goals are:						
iviy	current Career Goals are.						
	pport Courses: support courses rected on your course selection th					est. List four courses that you have	
1 2.							
34.							
Ex	plain how these Support Courses	relate to	your chosen Care	er Focu			
			2310				
Lis	t some ideas for your Work Expe	rience pla	acement(s). Where	e would	you like to go?		
					: · · · · · ·		
					•		
					5 .		
Student signature:				Date:			
Parent's Signature:				Date:			
CPAdvisor's signature:				Date:			
la	m interested in learning more abo	ut the fol	llowing program(s)	(please	e check) 🔟 a	any you are interested in	
AC	E-IT (Trades Training						
	Auto Collision		Cabinet Maker			Hairdressing	
	Auto Refinishing		Carpentry			Plumbing	
	Auto Service Technician	□	Construction Electrici	an	□	Steel Fabrication	
			Cooks Training			Warehouse Person	
-	ustry Certification	~~~~~ ~	-	malanini manana			
	Computer Support Technician		Fitness Instructor			Hospitality/Management	
	ustry Connect						
	Film & Broadcast		Graphics/Media		0	Theatre Technician	
	Secondary School Apprenticeship	1	ı			4	

For more information visit www.sd44.ca Career Programs