



Co-operative Education Work Term Agreement

Complete both front and back

Co-operative Education
Room: D1063
London, ON N5Y 5R6
Phone: 519-452-4294
Fax: 519-457-4572
coop@fanshawec.ca

Student Name: Anas Habbash		Student #:		Program: CPA	
Student Phone#:		Student FOL Email: @fanshawecollege.ca			
Semester: W S F	S	Hrs/Wk:			
Work Term: 1 2 3 4		Hourly Wage:			

Company Name:	
Address: P.O.Box 9, Kuujjuaq	
City/Prov: Kuujjuaq/Quebec	Postal Code J0M 1C0
Contact Person: Rheal Seguin	Title: Director
Phone # (ext):	Fax:
Email Address: rsegui@krg.ca	Cell #:

Co-op Position Title: _____

Start and End Date: _____

To be considered eligible, Work Terms must:

- Be remunerated
- Be related to my program and pre-approved by co-op consultant
- Require a signed work term agreement in order to be registered

Please read each point and initial on the line beside each point to signify your understanding of, and agreement to abide the information provided below.

I may not withdraw my acceptance of an offer. To do so may result in an F grade.

I understand that once I have signed this agreement, I am committing myself to honour the work term agreement outlined on the reverse side including working the entire period outlined by the start and end dates unless I have my co-op consultant's explicit permission **prior to leaving**. Failure to do so may result in an F grade.

I will continue to monitor my FOL email throughout my work term.

Should I encounter difficulties on my work term, I will contact my co-op consultant for guidance.

Please provide a brief description of the student's expected duties during the upcoming work term OR ensure a job description is attached.

IMPORTANT REMINDERS:

- If you are an International Student, you are required to have a valid co-op work permit
- International Students require personal health care insurance during the work term period. Insurance can be purchased through the International Office
- Domestic students working out of province are covered by OHIP for the first 90 days, after which private health care insurance will be required
- In the case of illness or emergency, you must call your employer **each day** to report your intended absence. Supporting documentation may be required by your employer according to their organizational policies.

Student Information:

- I understand that acceptance of this offer is binding and that I am not permitted to accept other interviews or offers of employment once I sign this form.
- I agree to complete the work as contracted by the above-mentioned employer.
- In the event that I am unable to complete my co-op work I will contact my Co-op Consultant immediately.
- In the event that I have difficulties while on my work term I will contact my Co-op Consultant immediately.

Please advise the Co-operative Education Department of your acceptance or rejection of the offer no later than the closing date. Failure to respond to the offer within the time limit will be interpreted as a rejection of the offer. Acceptance of this offer constitutes acceptance of the Fanshawe College guidelines governing co-operative education.

Student's Signature:  _____ Date: _____

As a co-op employer, you acknowledge you will comply with all legal requirements including those under employment standards, human rights and health and safety.

As a co-op employer, it is expected that you will treat your co-op student with respect, dignity and fairness as you would any other employee in your organization, and you acknowledge you will comply with all legal requirements including those under employment standards, human rights and health and safety laws.

Please indicate by checking "YES" or "NO" if your WSIB or private Accident Insurance would cover the student during the co-op job work term. YES NO

We look forward to an exciting partnership as together we prepare our students for the workforce of the future!

Employer's Signature:  _____ Date: _____

Consultant's Signature: _____ Date: _____