**SCHOOL DISTRICT NO. 8 (KOOTENAY LAKE)**

570 Johnstone Road, Nelson BC V1L 6J2 – Phone: 250.352.6681 / Fax 250.352-6686

**WORK EXPERIENCE PLACEMENT AGREEMENT**

**­­­­­­­­­­­­­­­­­­**

Between School District No. 8 (Kootenay Lake) and Click here to enter text. and

 Student’s Name

Click here to enter text. .

 Business Name of Worksite Employer

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| --- |
| **SCHOOL INFORMATION** |
| Name of School: | Click here to enter text. |
| Address: | Click here to enter text. | Postal Code: | Click here to enter text. |
| Telephone: | Click here to enter text. | Facsimile No: | Click here to enter text. |
| Name of School Contact: | Click here to enter text. | Email: | Click here to enter text. |
|  |
| **STUDENT INFORMATION** |
| Legal Name: | Click here to enter text. | First Name: | Click here to enter text. |
| Address: | Click here to enter text. | Telephone: | Click here to enter text. |
| Email Address: | Click here to enter text. | Date of Birth: | Click here to enter text. |
|  |
| **PARENT/GUARDIAN INFORMATION** |
| Legal Name: | Click here to enter text. | First Name: | Click here to enter text. |
| Address (if different): | Click here to enter text. | Telephone: | Click here to enter text. |
| Email Address: | Click here to enter text. |  |  |
|  |
| **BUSINESS AND WORKSITE SUPERVISOR INFORMATION** |
| Business Name: | Click here to enter text. |
| Address of Worksite: | Click here to enter text. |
| **Supervisor** |
| Name: | Click here to enter text. | Telephone: | Click here to enter text. |
| Email Address: | Click here to enter text. | Facsimile No: | Click here to enter text. |
|  |
| The parties agree to work experience placement for the Student with the Work Site Employer on the following terms and conditions: |
|  |
| **TERM OF AGREEMENT** |
| This agreement will be in effect: |
| from: | Click here to enter text. | until: | Click here to enter text. |
| unless it is ended at an earlier time. |
|  |
| **DAYS AND HOURS OF THE WORK EXPERIENCE PLACEMENT** |
| The Student agrees to perform those duties as assigned by the Work Site Employer on the days and during the hours indicated: |
| Day(s): | Click here to enter text. |
| Hours: | Click here to enter text. |
| or at such other times, in writing, as may be agreed by the Work Site Employer, Board of Education and Student. |
|  |
| If the Student is employed by the Work Site Employer beyond the days and hours agreed upon by the Work Site Employer, Board of Education and Student, none of the provisions of the Agreement apply. |

1. **STUDENT DUTIES**

The student agrees to perform without payment those duties assigned to the Student from time to time by the Work Site Employer in consultation with the Board’s representatives. The Student agrees to comply with the Work Site Employer’s rules and all applicable safety regulations. Special Rules and Regulations are to be communicated by the Work Site Employer to the Student.

1. **SUPERVISION**

The Student agrees to be under the direct supervision of the Work Site Employer and the Work Site Employer agrees to supervise the Student at all times during the work experience placement.

1. **SITE SAFETY ORIENTATION**

The Work Site Employer will provide the Student site and work-specific safety training and will not permit the Student to perform any duties unless the Student has all safety equipment required for the tasks to be performed by the Student.

1. **BOARD ACCESS**

The Work Site Employer agrees to allow Board of Education representatives to have access at any time to the Work Site Employer’s work site and the Student.

1. **TRANSPORTATION**

The parties agree that the parent or guardian and the Student are solely responsible for the Student’s transportation to and from the Work Site Employer’s work site, except Click here to enter text. *(if no exception, insert N/A)*.

1. **EVALUATION**

When requested by the Board, the Work Site Employer will evaluate the Student’s performance of the Student’s duties; report that evaluation in the form required by the Board, and consult with Board Representatives about the evaluation.

1. **WORKERS’ COMPENSATION ACT INJURY COVERAGE**

Students in the work experience placement at a standard work site are covered by the Workers’ Compensation Act and are considered to be workers of the Government for the Province of British Columbia for Workers’ Compensation purposes only. Coverage is limited by the terms and conditions set out in the Minutes of the Workers’ Compensation Board dated January 29, 2008.

1. **NOTICE OF INJURY**

The Work Site Employer will, if a student is injured, immediately report the occurrence of injury to the Board of Education.

1. **INDEMNITY**

The Board agrees to indemnify and hold harmless the Work Site Employer, its employees and agents from any and all claims, demands, actions and costs whatsoever that may arise out of the negligent acts or omissions of the Board, the Board’s employees and the Student, in their performance of this agreement, unless such negligent acts or omissions are at the direction of or occasioned by the Work Site Employer, its employees or agents.

The Work Site Employer agrees that it will not require the Student to perform any task unless such task might reasonably be expected to be within the scope of the Student’s training and abilities.

1. **INSURANCE**

The Board shall maintain liability coverage to protect the Board, the Board’s employees and the Student during their performance of this agreement.

The Board will not be responsible for any loss or damage to the Work Site Employer’s property unless such loss or damage is due to the willful acts or omissions of the Student or is caused by the Student acting outside the Student’s authorized duties.

1. **MINIMUM AGE**

The parent or guardian of the Student warrants that the Student is Click here to enter text. years of age at the date of this Agreement. *(A student must be 14 years or older to participate in a work experience placement.)*

1. **EFFECT ON EMPLOYEES**

The Work Site Employer agrees that the placement of the Student will not affect the job security of any employee of the Work Site Employer and will not affect the Work Site Employer’s hiring practices. The placement of the Student will be in addition to the Work Site Employer’s full complement of employees. The Student will not be a replacement for any employee.

1. **TERMINATION OF THE AGREEMENT**

Any party to this Agreement may end it at any time by giving notice in writing to all other parties at the addresses given in this Agreement.

1. **REFERENCE**

In this Agreement a reference to the Board includes Board officers, employees or representatives acting within the scope of their employment.

1. **CONFIDENTIALITY**

All parties agree to maintain in the strictest confidence, information that comes to their knowledge during the work experience.

Click here to enter text. Click here to enter text.

Board of Education Representative Name Board of Education Representative Signature Date

Click here to enter text. Click here to entre text.

Student Name Student Signature Date

Click here to enter text. Click here to entre text.

Work Site Employer Name Work Site Employer Signature Date

Click here to enter text. Click here to entre text.

Parent/Guardian Name Parent/Guardian Signature Date