



EMC'S WILWorks Student Work Placement Program (SWPP)

STUDENT INFORMATION AND CONSENT FORM

FIRST AND LAST NAME:

TELEPHONE NUMBER:

PERSONAL EMAIL ADDRESS:

YEAR OF BIRTH:

GENDER: Male Female I prefer not to answer

POST-SECONDARY INSTITUTION:

PROGRAM OF STUDY:

YEAR OF STUDY:

TYPE OF CREDENTIAL TO BE RECEIVED:

Certificate Diploma Bachelor's Degree Master's Degree
Doctorate Other

STUDENT NUMBER:

Name of Work Placement Coordinator at the Post-Secondary Institution:

Email of Work Placement Coordinator at the Post-Secondary Institution:

Are you enrolled as a full time or part-time student at a post-secondary education institution?

Yes, I am a full-time student Yes, I am a part-time student

No, I am not currently enrolled

Are you legally entitled to work in Canada in accordance with relevant provincial or territorial legislation and regulations?

Yes I am No I am not

Are you a Canadian citizen, permanent resident, or persons to whom refugee protection has been conferred?

Yes I am No I am not

Are you an international student?

Yes I am No I am not

