



SD#83 WORK EXPERIENCE TRAINING BOOKLET

- Does your employer have WorkSafe BC?
- Complete the on-line Work Experience 12A or 12B document at <http://moodle.sd83.bc.ca>
- Meet with the Career Coordinator/Clerk at your school – they will have your results.
- Complete the “Work Experience Training Plan” on page 2 (including all signatures)
- Complete the “New Worker Orientation”, “See It, Think It, Do It”, “Oath of Confidentiality” (attached) with the Career Coordinator/Clerk.
- Attach an up to date resume.
- Log (record) your hours using the “Work Experience Log Book” (attached)
- Once 90 hours of work has been completed, have your employer complete an “employer evaluation”.
- You must also complete a “student reflection” at the end of your 90 hours (attached).
- Submit completed forms (including a completed “Work Experience Log Book”) to the Career Coordinator/Clerk.



Work Experience Training Plan

NOTE: Student's must be working at a site that has *WorkSafe BC coverage* in order to be eligible for Work Experience credit. Employers...please provide your Legal Business name below.

Student Name: _____ Student Phone Number: _____

Employer/Business: _____ Employer Phone Number: _____

Major duties to be performed by the student (i.e. What will the student be doing?):

- _____
- _____
- _____
- _____
- _____

Major skills to be used by the student (i.e. use of specific tools/equipment, computer software programs, cooking skills...):

- _____
- _____
- _____
- _____
- _____

REQUIRED SIGNATURES

By their signatures, the parties signify their agreement with the terms of the Training Plan above.

Career Co-ordinator

Student

Employer Contact

Parent/Guardian

Employer WorkSafeBC Account No.

FOR OFFICE USE ONLY

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Check that the following has been completed. Fill in details where applicable.

<input type="radio"/> Initial Work Site Visit (date): _____	<input type="radio"/> Teacher to review evaluation process with student and employer	<input type="radio"/> Teacher to review on-line " Work Experience Student Completion Document " with student
<input type="radio"/> Work Experience is effective from: _____, 201__ to _____, 201__. (use specific day/month/year)	<input type="radio"/> Work Site is Worksafe BC Compliant (file is completed and put in student folder)	Career Coordinator Signature and Date (acknowledging that the above tasks have been completed): Signature: _____ Date: _____

New Worker Orientation



Contact Information

Employee's Name:	
Business Name:	
Supervisor's Name:	
Phone:	Email:

If any of the following applies, complete and document a workplace orientation. Worker is:

- A new worker under 25 years old
- New to the workplace
- Returning to a workplace where hazards have changed during their absence.
- Affected by a change in the hazards of the workplace.
- Relocated to a new workplace with different hazards from the previous workplace

Employer Responsibilities

Your **employer has the responsibility** to:

- Ensure workers' health and safety
- Establish a health and safety program
- Inform workers of the hazards in their workplace (WHMIS....)
- Ensure that you are properly trained, educated and supervised to protect your health and safety
- Inspect the workplace to correct unsafe conditions
- Provide first aid should you be injured
- Investigate reports of injury and disease, near-misses, and complaints of unsafe conditions

Orientation must be completed before a worker begins work at a workplace.

Worker Rights

You **have the right to:**

- A safe work environment
- Health and safety information, instruction, and training
- Know the hazards to which you are likely to be exposed
- Equipment, including personal protective (PPE)
- Be represented by and participate in health and safety activities
- Refuse *unsafe* work
- Not be discriminated against (i.e. fired or disciplined) for exercising any right or carrying out a health and safety responsibility (i.e. refusal of unsafe work, reporting a hazard or injury, or filing a claim)

Employees Need to Know the Following EMERGENCY PROCEDURES:

First Aid:

- **Know when to call first aid**
- **Demonstrated how to call for first aid**
- **Showed location of first aid room**
- **Identified the first aid attendant(s)**

Fire:

- **How to respond to fire or smoke**
- **Evacuation procedures**

Chemical and Body Fluid Spills:

- **Know when and how to alert help**
- **Demonstrated spill clean-up procedures and supplies**

Other:

- **Severe seasonal weather**
- **Natural disaster**
- **Power failure**

Worker Responsibilities

You have to **responsibility to:**

- Follow safe work procedures and safety rules
- Use protective clothing, devices, and equipment appropriately
- Report hazards and unsafe situations to your supervisor
 - In person
 - By phone or email
 - With a hazard/incident report form
- Refuse any task you believe poses undue risk
 - Immediately report the situation to your supervisor (you might be assigned to other work)
 - If you feel the work continues to be unsafe, contact your worker safety representative to investigate
 - If you feel the work still continues to be unsafe and you have not been assigned to other work, contact WorkSafe BC for a determination
- Not engage in horseplay or work while impaired
- Report injuries or disease immediately to your supervisor and follow your company's reporting procedure
 - Seek first aid, and
 - If necessary, seek further medical attention. Tell your doctor that your injury was work related

Workplace Hazards, Safety Policies, Procedures, and Practices

<p>Overexertion from patient and material handling (Leading to back, shoulder or arm injuries):</p> <ul style="list-style-type: none"> ● How to assess risk ● Use of equipment ● Safe handling techniques (including manual lifting restrictions) 	<p>Falls (slipping and tripping):</p> <ul style="list-style-type: none"> ● High risk areas (hallways, bathrooms, parking lots, sidewalks, stairs)
<p>Exposures:</p> <ul style="list-style-type: none"> ○ Blood and body fluids (BBF)/ infectious diseases (HIV/AIDS...) <ul style="list-style-type: none"> ● Standard precautions, incl. protective equipment, hand-washing ● What to do if exposed to BBF (including getting to a hospital within 2 hours of being stuck by a needle) ○ Chemical hazards (latex, cleaners...) <ul style="list-style-type: none"> ● Safe practices to minimize exposure ● WHMIS symbols, labels, Material Safety Data Sheets 	<p>Working alone:</p> <ul style="list-style-type: none"> ● Check in procedure <p>Violence (the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behavior that gives a worker reasonable cause to believe that she or he is at risk of injury):</p> <ul style="list-style-type: none"> ○ Informed of history of violence by client or at site ○ Procedures to maintain risk/respond to violent incidents

I have reviewed (with a Career Staff member) the above **prior to the start of my Work Experience placement.**

Student Signature: _____

Date: _____



Work Safe Hazard Recognition Activity

SEE IT! THINK IT! DO IT!

Your Rights and Responsibilities: You have the right to refuse work if you have reasonable cause. Do not stop working or go home! Report any problems immediately to your employer.

Student Name: _____ Date: _____

Briefly describe the worksite you will be at (office, construction site, etc...)

Circle or highlight any hazards below that may be present in your work placement.

<p>Office Work and Civil Service</p> <p>(including: Medical, Veterinarian, Nursing, Teaching...)</p> <p>Slips, trips and falls Improper use of equipment Faulty equipment Lifting Human conflict situations</p>	<p>Hospitality or Culinary Arts</p> <p>(Chef, Hotel Management...)</p> <p>Burns Lifting Cuts with knives Working with slicers Bio-hazards</p>												
<p>Construction Trades</p> <p>(Carpentry, Cabinet Making, Construction, Plumbing, Sheet Metal, Electrical...)</p> <p>Power tools (skill saw...) Fall from heights Objects falling from above Stepping on nails Electric shock</p>	<p>Industrial Trades</p> <p>(Welder, Mechanic, Machinist, Pipe Fitter, Steel Fabricator...)</p> <p>Power Tools: bench/angle grinders, lathes, tire machine... Falling objects Chemical burns Eye injury (arc welding/flying particles) Improperly lifting vehicles on jacks/hoists</p>												
<p>Common Hazards:</p> <table style="margin: auto; border: none;"> <tbody> <tr> <td style="padding: 5px;">Faulty equipment</td> <td style="padding: 5px;">Trip hazards</td> <td style="padding: 5px;">Reaching/lifting</td> </tr> <tr> <td style="padding: 5px;">Falling/flying debris</td> <td style="padding: 5px;">Electric shock</td> <td style="padding: 5px;">Clothing snags</td> </tr> <tr> <td style="padding: 5px;">Eye injuries</td> <td style="padding: 5px;">Equipment left running</td> <td style="padding: 5px;">Fumes</td> </tr> <tr> <td style="padding: 5px;">Drowning</td> <td style="padding: 5px;">Improper lock out</td> <td></td> </tr> </tbody> </table>		Faulty equipment	Trip hazards	Reaching/lifting	Falling/flying debris	Electric shock	Clothing snags	Eye injuries	Equipment left running	Fumes	Drowning	Improper lock out	
Faulty equipment	Trip hazards	Reaching/lifting											
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Drowning	Improper lock out												

I have reviewed (with a Career Staff member) the above **prior to the start of my Work Experience placement.**

Student Signature: _____

Confidentiality



Students: Read the following.

Confidentiality means not revealing information.

“What you hear on the job stays on the job.”

Confidential Information **may include** information about:

- **Customers/Clients** – This includes very private information, such as health records, credit history or criminal records. It could also include information you may not consider personal, such as contents of a person’s home.
- **Company Finances** – This is information about company earnings, profit, wages and salaries.
- **Employees** – This may include personal records or attendance records.

Guidelines to Privacy and Confidentiality

- Is it legal?
- Does the behavior make sense? (Could someone be harmed physically or mentally?)
- Are you being fair to everyone involved?
- Will the people in authority at your work site approve?
- How would you feel if someone did the same thing to you?
- How do others (supervisors and co-workers) feel about it?
- How would you feel if the whole world knew about it?

Personal Information That Must Be Kept Confidential

- Name, address and telephone number
- Health care history
- Educational, financial, criminal or employment history
- Anyone else’s opinions about the individual concerned
- What you see, hear or read pertaining to someone else’s information

Oath of Confidentiality: I must at all times – even after I have left the company – *maintain secrecy* with regard to the *company’s business and the business of its customers*, and that, unless authorized, I must not make public any information relative to this company.

Please **sign** that you have read this form and agree with the “**Oath of Confidentiality**”:

Student Name (please print): _____

Student Signature _____



EMPLOYER EVALUATION FORM

Business Name: _____ Phone #: _____

Student Name: _____

Course(s): _____

Grade: _____ School: _____

Hours Worked: _____ Dates: From _____ To _____

Circle Appropriate Course: WEX 12A WEX 12B

Please check the following traits as:	Excellent (4)	Good (3)	Satisfactory (2)	Needs Improvement (1)
1. Maturity				
2. Ability to follow instructions				
3. Enthusiasm and interest				
4. Adaptable – adjusts to new tasks				
5. Follows through on assigned tasks				
6. Attendance				
7. Punctuality				
8. Shows motivation to learn new skills				
9. Can work independently				
10. Has positive attitude towards work				
11. Accepts constructive criticism				
12. Follows safe work practices				

Comments: Would you please provide frank comments about this student.

Employer Evaluation completed by: _____

Date: _____ **Signature:** _____



Work Experience SELF REFLECTION FORM

Student Name: _____

Circle Appropriate Course: WEX 12A WEX 12B

How do <u>you</u> feel you performed in the following areas?	Excellent (4)	Good (3)	Satisfactory (2)	Needs Improvement (1)
1. Maturity				
2. Ability to follow instructions				
3. Adaptable – adjusts to new tasks				
4. “Safe” work habits				
5. Shows motivation to learn new skills				
6. Has positive attitude towards work				
7. Willingness to ask questions				
8. Attendance				
9. Punctuality (showing up on time)				

Complete the following questions:

Which of your **work habits** do you feel are your **strongest**? Explain.

Which of your **work habits** **needs improvement**? How will you accomplish this?

How was this work experience **useful** to you?
