



**PEACE RIVER SCHOOL DIVISION NO. 10
10018 – 101 St., PEACE RIVER, AB T8S 2A5
PH: 624-3601 FAX: 624-5941**

APPLICATION FOR APPROVAL OF WORK SITES/STATIONS

School:		School Year:	
Address:		School Code:	
		Phone Number:	
		Fax Number:	
Work Experience Coordinator:			

PROGRAM TYPE(S) (please write in right column)

1) Work Experience 15/25/3 [_____] Workplace Readiness/Practicum [_____] 3.) Work Experience with Cadets/Canadian Forces (Reserves) [_____] (Please indicate appropriate W.E. Level)

4.) Special Project Credits [_____] 5) RAP [_____] 6) Work Study [_____] 7) Green Certificate [_____] 8) Career Internship [_____]

Description of Stations:

Name of Business or Firm	Student's Supervisor in Business (Name & Phone Number)	Name(s) of Student Enrolled	Student Duties	Program Type (choose # from list above)

