# **Acknowledgement and Work Placement Agreement**

**Program: Office Administration Health Services**

**Activity: Work Placement**

This document confirms I,       student no.       have reviewed, had an opportunity to ask questions, and understand the information contained in the following information/documents:

* Work Placement Objectives[ ]
* Student Placement Code of Conduct [ ]
* Workplace Opportunity Standards [ ]
* Roles and Responsibilities for Placement [x]
* Academic and non-academic pre-requisites [ ]
* Acknowledgement and Work Placement Agreement [ ]

Further, it is agreed Georgian College will endeavour to support work placement activities, the college is **not obligated** to locate work placement opportunities but will provide notice of opportunities that may be available and application details. [ ]

A work placement through Georgian College Office Administration Health Services remains an opportunity and it is not mandatory to complete to graduate from the program. By signing this document, you agree to commence work placement activities. [ ]

Student Signature: Date:

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Program Coordinator/Faculty Signature: Date:

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