# **Acknowledgement and Work Placement Agreement**

**Program: Office Administration Health Services**

**Activity: Work Placement**

I,       student no.      , confirm that I have reviewed and understand the requirements for work placement, take responsibility for my success in this work placement, and agree to abide by the terms outlined in the following information/documents:

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

I acknowledge that Georgian College is **not obligated** to locate work placement opportunities for me, but will endeavour to support my work placement activities, including posting available opportunities and application details in GeorgianConnects.

A work placement through Georgian College Office Administration Health Services is a voluntary opportunity and it is not a mandatory requirement to graduate from the program.

By signing this document, I agree to participate in work placement activities.

Student Signature: Date:

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