Work Placement Registration

For Workers Compensation Coverage

Form Must be Submitted Prior to Beginning Work Placement

Date

School Division/District

School Name

School Code (4-digits)

Subject Table Handbook

Subject Table Handbook Technology Education

Course Name (as per Subject Table Handbook)

Course Code (4 digits)

Course Level (e.g., 30S)

Begin (YY - MM - DD)

End (YY - MM - DD)

Estimated Time With Host Employer(s)

If Course is a SIC /SIP, Please Provide SIC Registration #

Supervising Instructor Directly Responsible for Students

Supervising Instructor Telephone Number

Supervising Instructor Signature

Supervising Instructor Email

Principal or Designate Signature

Principal or Designate Email

Student Last Name	Student First Name	Student MET Number (9-digit number Assigned by Manitoba Education and Training)

SUBMIT

Note: It is important to download this form, save it to your digital device, and complete it using Adobe Acrobat before you press SUBMIT. Additional lists of student names and MET numbers may be added by attaching a list to the email after clicking the SUBMIT button.

Forms also available on:
http://www.edu.gov.mb.ca/k12/policy/work_ed.html

Telephone: 204-945-1037
Toll-Free: 1-800-282-8069, ext. 1037
Email: tve@gov.mb.ca

Manitoba