Education Placement Request (Ontario)

Request Date:
Educational Institution:
Coordinator Contact Name:
Coordinator Contact Number:
Coordinator Contact Email:

Type of request:
Program Name:
Instructor Name:
Requested Location:
Placement Request Dates:

Please submit all requests to placement coordinator at rburnett@shannex.com

First Name	Last Name	Email	Official Use

Educational Institutions are required to collect and verify placement entry requirements on behalf of each student as listed: Please submit only the following in bold to Shannex Coordinator prior to placement. Please Initial below that you agree.

Initials	Required for completion:
	Negative Criminal Record Check and Vulnerable Sector Check if over the age of 18.
	Immunization Record - Negative TB testing
	Review and completion of the Shannex confidentiality form - Submit to rburnett@shannex.com
	Review and completion of the Shannex Student Placement Agreement - Submit to rburnett@shannex.com
	Students have reviewed Shannex Student Handbook

All students Complete ORCA Training (Internal - students submit documents and are provided ORCA login)

Educational Institutions Coordinator Signature:

Signature:

Date:

Shannex™