***TO BE COMPLETED BY STUDENT* (Form must be completed and returned to WBL Office in order to be registered. Work cannot begin until student is registered and classes have started)**

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**PLACED STUDENT INFORMATION WORKSHEET**

**RETURN TO TONY RAND STUDENT CENTER ROOM 128**

**or fax to 910-678-8200 or email** [**WBL@faytechcc.edu**](mailto:WBL@faytechcc.edu)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME: | **LAST** | | **FIRST** | **MIDDLE** | | **STUDENT ID#:** | | |
| **CURRICULUM** | | | | | | | | |
| **EMPLOYER** | | | | | | | | |
| **EMPLOYER’S ADDRESS:** | | **STREET** | | | **CITY** | | **STATE** | **ZIP** |
| **SUPERVISOR’S NAME** | | | | | **SUPERVISOR’S JOB TITLE** | | | |
| **SUPERVISOR’S TELEPHONE NUMBER** | | | | | **SUPERVISOR’S FAX NUMBER** | | | |
| **SUPERVISOR’S E-MAIL (REQUIRED)** | | | | | | | | |
| **STUDENT’S JOB TITLE** | | | | | **HOURS WORKED PER WEEK** | | | |
| **EMPLOYMENT START DATE/LENGTH OF TIME WORKED IN CURRENT POSITION** | | | | | | | | |

**ACCIDENT INSURANCE**

All FTCC students are charged a nominal fee for Accident Insurance each semester upon initial registration. It is included in the Student Activity Fee. All students must be covered by adequate health/accident insurance during a Work-Based Learning experience. Some students may be required to purchase additional Professional Liability Insurance through Fayetteville Technical Community College. Fayetteville Technical Community College will not be responsible for any accident/injuries which occur as part of employment through the Work-Based Learning Program. Per Federal and State laws, students may **not** file **unemployment compensation** while employed through the Work-Based Learning Program.

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT SIGNATURE/STUDENT PRINT NAME** | |  | **DATE** |

**THE STUDENT MEETS ALL THE QUAILIFICATIONS AND THEREFORE IS APPROVED FOR WORK-BASED LEARNING.**

|  |  |  |
| --- | --- | --- |
| **WORK-BASED LEARNING COORDINATOR** |  | **DATE** |