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| **First Name:**        | **Last Name:**       |
| **Address:**       |
| **City:**       | **Province:**       | **Postal Code:**       |
| **Phone:**       | **Email Address:**       |
| **Emergency Contact:**       | **Relationship:**       | **Phone:**       |
|  |
| **Status in Canada:**  | **Educational Institute:**  |
| **Professional Body Affiliation (if any):** |
| **Program of Study:**  | [ ] Degree[ ] Diploma[ ] Certificate to be granted |
| **Year of Study:** | **Expected date of completion:** Click here to enter a date. |
| **Practicum Date:** Click here to enter a date. | **Practicum End Date:** Click here to enter a date. |
| **Number of Hours:**  | **Days of Practicum:** [ ] Mon [ ]  Tue [ ] Wed [ ] Thu [ ] Fri |
| **Student Preceptor Perquisites set out by your Educational Institution:** |
| **Academic Contact Name:** | **Phone:** | **Email:** |

 **Application Date:** Click here to enter a date.

**Please describe any relevant experience you have obtained thus far:**

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**Please outline your practicum objectives/goals and interests:**

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**Please list languages you are fluent in** *(Speaking, reading, and writing)***:**

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**Please indicate the top three programs that are of interest to you in priority order (i.e. first choice, second choice, third choice):** [ ]  Addictions [ ]  Better Families [ ]  Geriatric [ ] Mental Health [ ]  Settlement

***Note:*** *Please**attach your cover letter and resume with the application form and email at****peersupport@pchs4u.com***