

Student Placement Application Form

Application Date: [Click here to enter a date.](#)

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:		<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> 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: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	
Student Preceptor Perquisites set out by your Educational Institution:			
Academic Contact Name:		Phone:	Email:

Please describe any relevant experience you have obtained thus far:

Please outline your practicum objectives/goals and interests:

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

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