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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:** | DegreeDiplomaCertificate 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***](mailto:peersupport@pchs4u.com)