

**STUDENT PLACEMENT APPLICATION FORM**

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| Student Name: | | | | | | Date: | |
| Address: | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Telephone #: | | Email: | | | | | |
|  | | | | | | | |
| Educational Institution: | | | | | | | Year of Study: |
| Program of Study: | | | | | Expected Date of Completion: | | |
| Degree/Diploma/Certificate to be granted: | | | | | | | |
| Professional Body Affiliation (if any): | | | | | | | |
| Academic Contact Information | | | | | | | |
| Name: |  | | | | | | |
| Position: |  | | | | | | |
| Phone #: |  | | | | | | |
| Email Address: |  | | | | | | |
|  | | | | | | | |
| Placement Start Date: | | | | Placement End Date: | | | |
| Number of Hours Required: | | | |  | | | |
| Days of the Week You are Available: | | | M T W Th F | | | | |

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| **RANK YOUR PLACEMENT PREFERENCE**  Peer/Family Support: #    Counselling: #    Court Support: #    Outreach: #  Urgent Response: #\_\_\_\_\_\_  Residential: #\_\_\_\_\_\_  Social Rehabilitation: # \_\_\_\_\_\_  Intensive Case Management: #\_\_\_\_\_\_ |
| Youth Awareness / Education: #\_\_\_\_\_\_ |
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**Please email this completed application form along with your placement course outline, specific objectives/goals/interests related to the program, a cover letter and resume to:** [**kmcmahon@cmhagb.org**](mailto:kmcmahon@cmhagb.org)

*CMHAGB is committed to providing a welcoming and inclusive workplace. We welcome student placement applications from people with disabilities and provide accommodation upon request during the selection process.*

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| *For HR use only*  Applicant Placed: Yes | Program: |
| No | Reason: |