

**STUDENT PLACEMENT APPLICATION FORM**

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| Student Name: | Date: |
| Address: |
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|  |
| 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**

*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:  |