

**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 in progress: |
| Professional Body Affiliation (if any): |
| Academic Contact Information |
| Name: |  |
| Position: |  |
| Phone #: |  |
| Email Address: |  |
| An affiliation agreement must be received from the college/university PRIOR to placement beginning |
| 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 (university students only): # \_\_\_  Court Support (university students only): # \_\_\_ Outreach Support: # \_\_\_Mobile Mental Health & Addiction Worker (university students only): #\_\_\_\_\_\_\_Residential Support: #\_\_\_\_\_­\_\_ Social Recreation & Rehabilitation: # \_\_\_\_\_\_\_ Intensive Case Management (university students only): #\_\_\_\_\_\_\_ |
|  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:  |