

# Student Placement Application Form

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

<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>			
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>	
<b>Phone:</b>	<b>Email Address:</b>		
<b>Emergency Contact:</b>	<b>Relationship:</b>	<b>Phone:</b>	
<b>Status in Canada:</b>		<b>Educational Institute:</b>	
<b>Professional Body Affiliation (if any):</b>			
<b>Program of Study:</b>	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate to be granted		
<b>Year of Study:</b>	<b>Expected date of completion:</b> <a href="#">Click here to enter a date.</a>		
<b>Practicum Date:</b> <a href="#">Click here to enter a date.</a>	<b>Practicum End Date:</b> <a href="#">Click here to enter a date.</a>		
<b>Number of Hours:</b>	<b>Days of Practicum:</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri		
<b>Student Preceptor Perquisites set out by your Educational Institution:</b>			
<b>Academic Contact Name:</b>	<b>Phone:</b>	<b>Email:</b>	

**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)