



STUDENT PLACEMENT APPLICATION FORM

First Name:

Last Name:

Email Address:

Phone Number:

Are you a licensed driver with valid insurance: Yes No

Do you have access to a reliable vehicle: Yes No

Academic Program:

Educational Institution:

Faculty Contact Person:

Faculty Contact Phone:

Faculty Contact Email:

Current Level of Study: Diploma Bachelors Masters Doctorate

Year of Study:

Placement Start Date:

Placement End Date:

Number of Hours Required:

Required Placement Days: Mon Tues Wed Thurs Fri

Please outline your placement objectives/goals and interests:

Placement Location Preference: Trenton Belleville Picton Centre Hastings Bancroft

Please click on each of the 3 selection options below to rank your top three (3) program preferences:

For CMHAHPE use only

Date application received:

Applicant placed: Yes

No

Program:

Reason: