

 **PRACTICUM STUDENT APPLICATION**

Thank you for your interest in completing your student placement with Boyle Street Community Services! Please use this form to tell us about yourself so we can find a placement that works best for you and our community.

*You must submit your* ***program requirements*** *with this document to be considered for a placement. Thank you.*

**PERSONAL INFORMATION APPLICATION DATE:**

|  |
| --- |
| Desired position: |
| Last Name | Given Names: |  Pronouns: |
| Address | City | Province | Postal Code |
| Email: | Birthdate: | Cell: |
| Available start date: | Available Days & times (between Monday to Friday 9:00am – 4:00pm): |
| My placement length will be \_\_\_\_\_\_\_\_\_\_\_\_ hours/months |
| How did you hear about us? If you were referred by a staff member please include their name.Boyle street website social media word of mouth friends/family ambassador program staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SUITABILITY**

*Please tell us why you have chosen Boyle Street Community Services as well as any relevant experience*

**LEARNING OBJECTIVES & STUDENT ACTION PLAN**

|  |  |  |
| --- | --- | --- |
| **Learning Objectives:** *What you would like to learn and gain during this practicum?* | **Learning Activity:** *How will you meet and complete these learning objectives?* | **Evaluation:** *How will you know you have completed the activities, and how will you know the learning objective has been reached?* |
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|  |  |  |
|  |  |  |

**PROGRAM CONTACT**

|  |  |
| --- | --- |
| Name | Program & Institute |
| Email Address | Phone number |  |

**REFERENCE**

|  |  |
| --- | --- |
| Name | Relationship |
| Email Address | Phone number | Years Known |

**DECLARATION OF APPLICANT**

**Read Carefully Before Signing**

I CONFIRM that the information given on this application is true to the best of my knowledge. I understand that any untrue statement may be grounds for dismissal.

I WILL provide the following if I am offered a student placement:

1. Criminal Record Check with Vulnerable Sector Check
2. Child Intervention Record Check

I AUTHORIZE the Boyle Street Community Services to conduct checks of my qualification and references as may be necessary.

I UNDERSTAND that submitting this application does not guarantee my acceptance and I agree to participate in further screening to assist Boyle Street Community Services in determining my suitability for a student placement.

I UNDERSTAND that appointment to any position at Boyle Street Community Services is dependent upon the results of reference and record checks.

I ACKNOWLEDGE that all facilities operated by Boyle Street Community Services are non-smoking and that I will not be permitted to smoke while working on Boyle Street Community Services Property.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Please send this completed application along with your cover letter and resume to: Students@boylestreet.org