

Practicum Application

Name: _____
Home Address: _____
Home Phone: _____ **Work Phone:** _____
Email: _____

PRACTICUM INFORMATION

Total Hours Required: _____
Total Hours per week: _____
Practicum Start Date: _____
Practicum Completion Date: _____

AVAILABILITY	Mornings	Afternoons	Evenings
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

University or College: _____
Placement Coordinator's Name: _____
Placement Coordinator's Phone: _____
Placement Coordinator's Email: _____

Supervision and credential requirements of your program:

*** Please attach relevant program information, if available.**

Is this your first practicum? Yes No

If no, please describe previous practicum experience(s):

SKILLS & EXPERIENCE

Such as: special training, skills, hobbies, groups, clubs, and organizational memberships:

Please describe your prior volunteer experience (include organization names and dates of service):

What experiences have you had that may prepare you to work as a practicum student in the field of disabilities?

What do you want to gain from this practicum experience?

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for practicum work.

All practicum students are screened by way of Police Record Check and Child Intervention Record Check. Are you okay with that? Yes No

Do you have a driver's license? Yes No

Do you have car insurance? Yes No

Do you have a car available for transporting others? Yes No

****Please include a copy of your current resume.***

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability.

Name/Organization	Relationship to you	Length of relationship	Phone number

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of practicum opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a practicum position and in interviews with the Central Alberta FASD Society that is true, correct, and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause immediate rejection as an applicant for a practicum position with the Central Alberta FASD Society.

Signature: _____

Date: _____