**STUDENT PLACEMENT APPLICATION FORM**

**Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student:** |  | | |
| **Address:** |  | | |
| **Primary Contact Number:** | | |  |
| **Emergency Contact Number:** | | |  |
| **Status in Canada**: | | Citizen  Permanent Resident  Visa Student | |

**Educational Information**

|  |  |  |
| --- | --- | --- |
| **Name of Institution:** |  | |
| **Program of Study:** |  | |
| **Program Type:** | Degree Diploma  Certificate | |
| **Length of Program:** |  | **Expected month/year of completion:** |

**Placement Request Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Term** | **Start Date** | **End Date** | | | **Total # of Hours Requested** | |
| * Spring * Fall * Winter |  |  | | |  | |
|  |  | | |  | |
|  |  | | |  | |
| **Hours and days of the week available** (e.g. 9am-4pm; 10am-5pm, etc.) | | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** |
|  |  |  |  |  |

**Institution Contact Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Placement Coordinato**r: | |  | | |
| **Telephone #:** |  | | **Email:** |  |

**Indicate your placement goals/objectives:**

|  |
| --- |
|  |

**List in priority a total of 4 choices (from 1 to 4, top to low) the CICS programs that you are interested to be placed**:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * **Early Years:** | 1 | 2 | 3 | 4 | * **Language Training (LINC):** | 1 | 2 | 3 | 4 |
| * **Employment:** | 1 | 2 | 3 | 4 | * **Settlement Services:** | 1 | 2 | 3 | 4 |
| * **Seniors Program:** | 1 | 2 | 3 | 4 | * **Volunteer Services:** | 1 | 2 | 3 | 4 |
| * **Food & Garden:** | 1 | 2 | 3 | 4 | * **Youth Program:** | 1 | 2 | 3 | 4 |

**Please email your completed application form along with cover letter and resume to:** [**Student.placement@cicscanada.com**](mailto:Student.placement@cicscanada.com)