**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**