

Student Placement Application Form

Personal Information

| | | | |
|-----------------------------------|---|--|---------------|
| Name of Student: | | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | |
| Address: | | | |
| Email: | | | |
| Telephone: | <i>Home:</i> | <i>Cell:</i> | <i>Other:</i> |
| Name of Emergency Contact: | | | |
| Emergency Phone Number: | | | |
| Status in Canada: | <input type="checkbox"/> Citizen <input type="checkbox"/> PR <input type="checkbox"/> Student Visa <input type="checkbox"/> Other | | |

Educational Information

| | |
|--|---|
| Name of Institution: | |
| Program of Study: | |
| Program Status: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate | |
| # of Years to Complete: | Expected Month/Year of Completion: |

Placement Request Information

| Term | Start Date | End Date | | | | | | | Total Numbers of Hours Required | | |
|--|------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------|-----|----------------------------|---------------------------------|----------------------------|----------------------------|
| | | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | | | |
| <input type="checkbox"/> Spring | | | | | | | | | | | |
| <input type="checkbox"/> Fall | | | | | | | | | | | |
| <input type="checkbox"/> Winter | | | | | | | | | | | |
| Hours and Days of the Week Available: | | | | | | | | | | | |
| Name of Academic Contact: | | | | | | | | | | | |
| Telephone: | | Email: | | | | | | | | | |
| Indicate your placement goals/ objectives: | | | | | | | | | | | |
| | | | | | | | | | | | |
| List in priority a total of 4 choices (from 1 to 4, top to low) the CICS Program that you are interested to be placed at: | | | | | | | | | | | |
| ● Early Years Services: | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | ● Language & Training: | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| ● Youth Program: | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | ● Settlement Services: | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| ● Seniors Program: | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | ● IT Services: | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| ● Women Program: | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | ● Volunteer Services: | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Please return your completed application form along with a letter of request and your resume to:

Mail: CICS, Student Placement, 2330 Midland Avenue, Toronto, ON M1S 5G5 or

Email: student.placement@cicscanada.com

For CICS Office Use Only

Date of application being received:

Placed: at

Rejected: Reason