

East Mississauga Community Health Centre (EMCHC) Student Placement Application Form

OFFICE USE ONLY

Date Received: _____
 Referred To: _____
 Date Referred: _____

Please answer all of the questions as completely as possible. All information is confidential. Please send this completed form along with your résumé to mississauga@lampchc.org.

APPLICANT INFORMATION:

Name: Phone number: Email:

Due to some EMCHC policies, you may not be able to be both a current client of EMCHC and conduct your student placement at some programs. If you are or have ever been a client of EMCHC, please describe which service/program:

If you were a past client, when was this?

ACADEMIC INFORMATION:

School: Degree/diploma (BA, MSW, Certificate, etc.)
 Program Name: Year:

PLACEMENT DETAILS:

Does your program require any academic or professional credentials of the staff supervisor? If so, what are they?

List the EMCHC programs that suit your learning goals.

(For more information, visit eastmississaugachc.org)

Dates your placement starts and ends:

What day(s) of the week are expected? Which hours of the day would you come?

Are you available to do some evening hours?
(Please specify.)

How many total hours is your placement?

By when do you need to have your placement confirmed?



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"Building a Healthy Community"

