

OFFICE USE ONLY

Date Received: _____

Referred To: _____

Date Referred: _____

LAMP Community Health Centre

Student Placement Application Form

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

APPLICANT INFORMATION:

Name:

Phone number:

Email:

Due to some LAMP policies, you may not be able to be both a current client of LAMP and conduct your student placement at some programs. If you are or have ever been a client of LAMP, 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 LAMP programs that suit your learning goals. (For more information, visit lampchc.org)

Intended placement Start Date:

End Date:

What days of the week and hours are expected?

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?