



**HEALTHY  
RESILIENT  
PEOPLE**

## Practicum Placement Application

**Name:**

\_\_\_\_\_

*First*

*Last*

**Phone Number(s):**

\_\_\_\_\_

*Cell*

*Home*

**E-mail:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

*Street*

*Apartment/Unit #*

\_\_\_\_\_

*City*

*Province*

*Postal code*

**School Currently Attending:**

\_\_\_\_\_

**Course of Study:**

\_\_\_\_\_

**Current Year in School:**

\_\_\_\_\_

**Deadline for Practicum Placement:**

\_\_\_\_\_

*m/d/yy*

**Practicum Start Date:**

\_\_\_\_\_

*m/d/yy*

**End Date:**

\_\_\_\_\_

*m/d/yy*

**Terms of Practicum:**

\_\_\_\_\_

*Hours required, number of days per week, etc.*

**Availability:**

\_\_\_\_\_

*Days, evenings, weekends, etc.*

**Driving may be required for practicum placements at Hull Services. Do you have a vehicle and a Class 5 Driver's License?**

Yes  No

**Have you ever been convicted of a criminal offense?**

Yes

No

\*Please list any criminal offences for which you have not received a pardon:

**Have you even been involved in a child intervention?**

Yes

No

\*Please list any involvement you've had with Children's Services:



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Which Hull Services program(s) would you prefer to complete your practicum placement with and why? (For more information on our programs please visit our website: <https://www.hullservices.ca/services>).

Have you ever worked or volunteered with children or young people and if so, in what capacity (e.g., explain role, responsibilities, environment, age ranges of children/youth, etc.)?

Rate your knowledge and understanding of mental health/behavioural challenges:

Limited  Intermediate  Advanced

Comments (e.g. list relevant experience, training or courses completed):

Please provide any additional information regarding your experience, skills, interests, hobbies or skills that you would like to share:

References (provide names other than relatives):		
Name and Occupation	Phone number(s)	Email address