Practicum Student Application

Thank you for your interest in completing your student placement with Boyle Street Community Services! Please use this form to tell us about yourself so we can find a placement that works best for you and our community.

You must submit your program requirements with this document to be considered for a placement. Thank you.

Personal Information

Application Date: _____

Desired Position: _____

Full Name: _____

Pronouns: _____

Address: _____

City: _____

Postal Code: _____

Email: _____

Cell: _____

Birthdate: _____

Available Start Date: _____

Available Days & Times (M-F, 9:00am-4:00pm): _____

My placement length will be _____ hours/months.

How did you hear about us? If you were referred by a staff member please include their name.

☐ Boyle Street Website ☐ Social Media ☐ Word of Mouth ☐ Friends/Family ☐ Ambassador Program

☐ Staff _____ ☐ Other _____

Suitability

Please tell us why you have chosen Boyle Street Community Services as well as any relevant experience.

10116-105 Avenue, Edmonton, AB T5H 0K2
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Learning Objectives & Student Action Plan

Learning Objectives: What you would like to learn and gain during this practicum?

- Learning Objective 1:
- Learning Objective 2:
- Learning Objective 3:

Learning Activity: How will you meet and complete these learning objectives?

- Learning Activity 1:
- Learning Activity 2:
- Learning Activity 3:

Evaluation: How will you know you have completed the activities and how will you know the learning objective has been reached?

- Evaluation 1:
- Evaluation 2:
- Evaluation 3:

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Program Coordinator

Full Name: _____

Program & Institute: _____

Email: _____

Phone: _____

Signature: _____

Reference

Full Name: _____

Relationship: _____

Email: _____

Phone: _____

Years Known: _____

Declaration of Applicant

Read Carefully Before Signing

I CONFIRM that the information given on this application is true to the best of my knowledge. I understand that any untrue statement may be grounds for dismissal.

I WILL provide the following if I am offered a student placement:

1. Criminal Record Check with Vulnerable Sector Check
2. Child Intervention Record Check
3. Proof of double COVID-19 vaccination

I AUTHORIZE the Boyle Street Community Services to conduct checks of my qualification and references as may be necessary.

I UNDERSTAND that submitting this application does not guarantee my acceptance and I agree to participate in further screening to assist Boyle Street Community Services in determining my suitability for a student placement.

I UNDERSTAND that appointment to any position at Boyle Street Community Services is dependent upon the results of reference and record checks.

I ACKNOWLEDGE that all facilities operated by Boyle Street Community Services are non-smoking and that I will not be permitted to smoke while working on Boyle Street Community Services Property.

Signature: _____ Date: _____

Please send this completed application along with your cover letter and resume to:

Students@boylestreet.org

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