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| **STUDENT APPLICATION FORM** |
|  | Application for Term: [ ]  September, 20YYAcademic Institution: **Click here to enter text.**Course of Study: **Click here to enter text.** | [ ]  January, 20YYYear of study: number. Of number. |
|  | **Contact Information** |  |
|  | Click here to enter text. |  | Click here to enter text. |
|  |  |
|  | Last Name: |  | Given Names: |  |
|  | Click here to enter text. |  | Click here  | Click here. |
|  | Street Address: |  | Apt. # |  | City: |  |
|  | Click here to enter text. | L#L #L# |  | Click here to enter text. |  |
|  | Province: |  | Postal Code |  | Telephone: [ ] cell [ ]  home |  |
|  | Click here to enter text. |  | Click here to enter text. |  |
|  | Emergency contact name: |  | Telephone: [ ] cell [ ]  home |  |
|  | Click here to enter text. |  | Click here to enter text. |
|  | Emergency Contact Telephone: |  | Email address |  |
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|  | Area of interest:  |  |
|  | [ ] Crisis Intervention | [ ]  Safe Beds | [ ]  Peer Initiatives |
|  | [ ] Dual Diagnosis | [ ]  Early Psychosis Intervention | [ ]  Click here to enter text. |
|  | [ ]  Justice Court Support | [ ]  Click here to enter text. |
|  | [ ]  Case Management Intake | [ ]  Click here to enter text. |
|  |  |  |
| Availability: (please identify days and number of hours for each) |
| DAYS | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| HOURS |  enter text. |  enter text. |  enter text. |  enter text. |  enter text. |  enter text. |  enter text. |
|  |  |  |  |  |  |  |  |
| **Please indicate if you have been trained in any of the following areas:** |
|  | Non-Violent Crisis Intervention  |  |  [ ] YES [ ]  NO | Date: enter date. |
|  | First Aid  |  |  [ ] YES [ ]  NO | Date: enter date. |
|  | CPR |  |  [ ] YES [ ]  NO | Date: enter date. |
|  | Suicide Intervention |  |  [ ] YES [ ]  NO | Date: enter date. |
|  | Other related training: | Click here to enter text. |  |  | Date: enter date. |
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| **Knowledge, Skills and Interests**  |
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| Please list any skills and assets you will bring to the C.M.H.A. H.K.P.R.Click here to enter text. |
|  |  |  |  |  |
| List any special interests that the C.M.H.A. H.K.P.R. can incorporate to make your placement experience with us more rewarding:Click here to enter text. |
|  |  |  |  |  |
| **REFERENCES** | Please include phone numbers and email addresses |
|  |  |  |  |  |
| **Name** | **Relationship** | **Phone number** | **Email Address** |
| Click here to enter text. | enter text. | enter text. | Click here to enter text. |
| Click here to enter text. | enter text. | enter text. | Click here to enter text. |
| Click here to enter text. |  enter text. | enter text.  | Click here to enter text. |
| Click here to enter text. |  enter text. | Enter text. | Click here to enter text. |
|  |  |  |  |
| I agree and understand that necessary reference inquiries will be made prior to student acceptance and placement. |
|  |  |  |  |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. |
|  | **Name** |  |  | **Signature** |  | **Date** |  |
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| [ ]  Resume attached[ ]  Letter of intent attached: identify your purpose and goals for placement [ ]  Submit these and application to:**students@cmhahkpr.ca** |

C.M.H.A. H.K.P.R. welcomes and encourages applications from people with disabilities. Accommodations are available on request for candidates taking part in all aspects of the selection process.

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| FOR C.M.H.A. H.K.P.R. use only: |  |
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| Interview Date: |  | Outcome |
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| Designated Program Supervisor |  | Program |
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