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| **STUDENT APPLICATION FORM** | | | | | | | | | | | | | | | | | | | | |
|  | Application for Term:  September, 20YY  Academic Institution: **Click here to enter text.**  Course of Study: **Click here to enter text.** | | | | | | | | | | | January, 20YY  Year of study: number. Of number. | | | | | | | | |
|  | **Contact Information** | | | | | | | | | | |  | | | | | | | | |
|  | Click here to enter text. | | | | | | | | |  | | Click here to enter text. | | | | | | | | |
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|  | 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. | | | | | | | | |
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| 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. | | |
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| **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. | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | |
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| **REFERENCES** | | | Please include phone numbers and email addresses | | | | | | | | | | |
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| **Name** | | | **Relationship** | | | | | **Phone number** | | **Email Address** | | | |
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| I agree and understand that necessary reference inquiries will be made prior to student acceptance and placement. | | | | | | | | | | | | | |
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| 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**](mailto: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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