**Student Placement Application Form**

***Please include a detailed resume and letter of intent with this form and email all three documents to jobs@cmhamps.ca***

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| **First Name**: Click or tap here to enter text. | | **Last Name**: Click or tap here to enter text. | |
| **Email Address**: Click or tap here to enter text. | | **Cell Phone**: Click or tap here to enter text. | |
| **Address**: Click or tap here to enter text. | |  | |
| **City/ Town**: Click or tap here to enter text. | | | |
| **Educational Institution**: Click or tap here to enter text. | **Province**: Click or tap here to enter text. | | **Postal Code**: Click or tap here to enter text. |
| **Program Coordinator/ Supervisor:** Click or tap here to enter text. | | | |
| **Field of Study/Program**: Click or tap here to enter text. | | **Phone Number:**Click or tap here to enter text.  **Email:** Click or tap here to enter text. | |
| **Program Length (years**): Click or tap here to enter text. | | | |
| **Current Year of Study (during placement):** Click or tap here to enter text. | | | |
| **Required Placement Hours**: Click or tap here to enter text. | | **Preferred Location:** Click or tap here to enter text. | |
| **Schedule (if known)**: Monday Tuesday  Wednesday  Thursday Friday | | | |
| **Start Date**: Click or tap to enter a date. | | **End Date**: Click or tap to enter a date. | |
| **Additional Information/Comments:** | |  | |