



STUDENT PLACEMENT APPLICATION

Student Name: _____

(CMHA employees who need to complete placements as part of post-secondary education will be required to seek placement opportunities outside of CMHA.)

Contact Information:

Email Address: _____ Phone: _____

(Persons active in service requesting a placement opportunity with CMHA will be eligible to do so in service or program areas where they are not a recipient of service.)

Program and Year of Study: _____

School: _____

Placement Period: _____

School Contact Information: _____

Teacher/Counsellor: _____

Phone Number: _____

Fax Number: _____

e-mail: _____

First Language:

Second Language:

Spoken: _____

Spoken: _____

Written: _____

Written: _____

Accommodation Needed: _____

Please outline the goals that you have identified for this period of placement:

Student Signature: _____

Date Received: _____

Approval: _____ Date: _____