



OFFICE USE ONLY
 Date application received: _____
 Applicant Placed:
 Yes Program:
 No Reason:
 Start Date: _____

STUDENT PLACEMENT APPLICATION FORM

First Name:

Last Name:

Address:

Email:

Telephone (Home):

Telephone (Cell):

Telephone (Work):

Educational Institution:

Program of Study:

Degree/Diploma/Certificate to be Granted:

Year of Study:

Expected Date of Completion:

Professional Body Affiliation (if any):

Placement Start Date:

Placement End Date:

Number of Hours Required:

Days of the week you are available for your student placement:

| DAYS | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--|--------|---------|-----------|----------|--------|
| TIMES (please indicate in space provided on each day you are available) | | | | | |

Academic Contact Name:

Telephone:

Email:

Please outline your relevant experience:

Please outline your placement objectives/goals and interests:

To see the list of programs offering student placement this term, please visit our website.

Please indicate in numerical order the top three programs that are of interest to you. For detailed information on these programs, visit our website.

1.

2.

3.

If considered for a placement, you will be contacted by telephone or email. Please make sure your contact information is correct.

If you have any questions regarding a Student Placement at The Stop, contact our student placement coordinator at 416-652-7867 ext. 249 or studentplacements@thestop.org.