



## PLACEMENT STUDENT APPLICATION FORM

Please submit completed form along with your current résumé and any relevant documentation for your placement program to [HR@fcsrenfrew.on.ca](mailto:HR@fcsrenfrew.on.ca)  
Please submit your application as early as possible as placement spots are limited.

### Contact Information

<b>Full Name</b>			
<b>Mailing Address</b>			
<b>City</b>		<b>Province</b>	
<b>Postal Code</b>		<b>Phone Number</b>	
<b>Email Address</b>			
<b>Preferred method of Communication</b>	<input type="checkbox"/> E-mail		<input type="checkbox"/> Phone

### School/Program Information

<b>School Name</b>			
<b>Program</b>			
<b>Year of Study</b>		<b>Expected Graduation Date</b>	
<b>Placement Advisor's Name</b>		<b>Phone Number</b>	
<b>Email Address</b>			

### Placement Information

<b>Start Date</b>		<b>End Date</b>	
<b>Additional Info (ie. # days/week, # of hours, etc.)</b>			

<b>Preferred Location</b>	<input type="checkbox"/> Pembroke	<input type="checkbox"/> Renfrew
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<b>Area of Interest</b>	<input type="checkbox"/> Child Welfare/Protection	<input type="checkbox"/> Behaviour & Communication	<input type="checkbox"/> Infant Development
	<input type="checkbox"/> Business/Administration	<input type="checkbox"/> Service Coordination	<input type="checkbox"/> EarlyON
	<input type="checkbox"/> Other (please specify)		