

STUDENT PLACEMENT APPLICATION

Student Name: _____

Date: _____

(Individuals currently receiving services from Thunder Bay Counselling will not be eligible to participate in a placement as it represents a conflict of interest and may impede service.)

Student Information
E-mail Address: _____ Phone: _____
School: _____
Program: _____
Year of Study: _____
Program Requested for Placement (Please be specific): _____
Placement Period: _____
Please indicate any Accommodation Needed: _____
Please outline the learning goals that you have identified for this period of placement, and how this placement with Thunder Bay Counselling would help you to achieve these goals:

School Contact Information
Instructor/Placement Facilitator: _____
Phone Number: _____
Fax Number: _____
Email: _____

Please submit this application with a current resume to: students@tbaycounselling.com.

Thank you for your interest in Thunder Bay Counselling!