



Student Practicum Application

2023/2024

Please complete the following fields. Include an updated resume and cover letter with your submission. If you have any questions, please contact our office via email info@evergreenwellness.ca.

PERSONAL INFORMATION

1. Full Name:

First Name: _____

Last Name: _____

2. Contact Information:

Phone Number: _____

Email Address: _____

3. Physical Location:

Address: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

PRACTICUM DETAILS

1. Practicum Period:

Start Date: _____

End Date: _____

Number of Hours Required: _____

2. Current Educational Institution:

Name of School: _____

Program: _____

Year of Study: _____

PRACTICUM PREFERENCES

1. Expectations:

What do you hope your practicum will look like?

2. Modality:

What modality do you lean towards?

3. Independence and Initiative:

Are you comfortable with high levels of independence? (Yes/No) _____

Are you comfortable putting yourself out there? (Yes/No) _____

4. Code of Ethics:

What code of ethics do you follow? _____

DECLARATION

By submitting this form, I confirm that all the information provided is accurate and true to the best of my knowledge. I understand that any false information may lead to the rejection of my application.

Signature: _____

Date: _____