



STUDENT PLACEMENT APPLICATION

THIS IS A FILLABLE FORM. PLEASE TYPE IN ALL THE INFORMATION INCLUDING YOUR SIGNATURE.

First Name	Last Name
<input type="text"/>	<input type="text"/>

Address (Street, City & Postal Code)	Home Phone #	Cell #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	Would you like to be added to our email distribution list? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	

Academic Institution	Program of Study
<input type="text"/>	<input type="text"/>

Current year of study	Placement start date (dd/mm/yyyy)	Placement end date (dd/mm/yyyy)	Total # of placement hours required
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Block Placement Dates (dd/mm/yyyy)	Placement days
<input type="text"/> to <input type="text"/>	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri

In which the program would you like to complete your placement? *(Please refer to the Student Placement Position Descriptions listed on our website)*

Newcomer Services	Language Instruction (TESL Ontario)	Early Childhood Education	Family Services
Personal Support Worker	Health Services	Food Service Worker	Recreation Therapy
			Office Administration

Preferred Location:	Mississauga only	Brampton only	Mississauga or Brampton
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Academic Contact:	Full Name	Phone	Email
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please outline your relevant experience.

Please outline your placement objectives/goals and interests.

How did you hear about Indus Community Services? Select all that apply

<input type="checkbox"/> Website	<input type="checkbox"/> Social Media	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Flyer/Brochure	<input type="checkbox"/> Community Event
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Friends/Family	<input type="checkbox"/> Client of our agency	<input type="checkbox"/> Other (please specify):		

Emergency Contacts		
Name	Relationship to you	Phone Number
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>

APPLICANT SIGNATURE

By signing below, I hereby certify that the information included with this application for is true and complete. Additionally, I authorize Indus Community Services (Indus) to contact the names listed above as references as may be deemed necessary to ascertain my suitability as a student placement. I understand that the information obtained will be confidential but may be shared with relevant Indus departments. I also understand that I will be asked to participate in an interview as per the Indus Student Placement Screening Procedure. I acknowledge and understand that if I am successful in obtaining a student placement within Indus, the placement is conditional upon receipt of the documents** listed below and are acceptable to Indus. I understand that I am responsible for any costs associated with this process, if applicable.

The Application Package must include the following documents: Application Form Current resume Letter from your Academic Contact/School

Signature of Applicant: _____ Date: (dd/mm/yyyy) _____

Email Application Package to: hr@induscs.ca, with subject heading of 'Student Placement - (insert your name)'
Incomplete &/or late applications will not be considered. Only those candidates selected for an interview will be contacted.

Original: Applicant File