



STUDENT PLACEMENT APPLICATION FORM

Name:

Date:

Address:

Email:

Telephone:

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: M T W Th F

Academic contact:

Name:

Phone / Email:

Please outline your placement objectives/goals and interests:

Please indicate in numerical order the top three programs that are of interest to you. For information on which programs are accepting students at this time, please visit our website at <https://toronto.cmha.ca>.

Please email your completed application form along with your resume to:
placements@cmhato.org

The Canadian Mental Health Association is an equal opportunity employer and encourages applications from equality seeking groups including qualified individuals with personal experience of the mental health system.

For CMHA Toronto

Administration:

Date application received:

Applicant placed:	Yes	Program:
	No	Reason: