SCHOOL OF CHILD AND YOUTH CARE PRACTICUM REQUEST FORM

Date:				
Pleas	e CHECK appropriately:			
	CYC 210 (September-De	cember)	CYC 410 (Sep	otember-April)
	CYC 210 (January-April)		CYC 410A (Se	eptember-December)
	CYC 210 (May-August)		CYC 410A (Ja	nuary-April)
	CYC 310 (September-Ap	ril)	CYC 410A (M	ay-August)
	CYC 310 (May-August)			
In whi	ich city are you planning to	complete your prac	ticum?	
1.	Name:		Student # V00	
2.	Address:		City	Prov
	PC	Email addr	ess:	
3. Pho	one: (cell)			
4. Hav	ve you started the Criminal	Record Check (CR	C) process?	<u> </u>
	ase attach a current résume ant to child and youth care w			
	t three key characteristics fo (e.g., client age, type of clie			e to experience and learn
7. List specif	t the type of setting(s) in whitic placement, only the gene	ral type of setting(s	s) e.g., school base	ler of priority (do not list a d, community based, etc.)
	3.	4.		

8. If you already have a setting in mind where you would like to do your practicum, please indicate the name of the agency, name of contact person, if possible, and the phone number.

9. After graduation do you intend to apply for a license to work in a daycare or preschool?						
Yes	No					
10. Do you have a vehicle?	Yes	No				
11. Do you have a job that limits describe below.	your flexibility in detern	nining a practicum schedule? If so, please				
12. Please indicate if you are in or planning to be in one of our specializations.						
Early Years		International				
Child Protection		Indigenous				
Other	(Please explain)	_				
13. State your long-term career goals.						
14. Please tell us if you have an	y physical or other limite	ed abilities that we should know about:				
15. Is there anything else you fe	el is important for us to	know?				