**Advanced Practicum Application Form 2024-2025**

**APPLICANT INFORMATION**

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Program of Study: Choose an item.

Institution: Choose an item.

If “other” selected, please specify here: Click or tap here to enter text.

**APPLICATION QUESTIONS**

1. Tell us about your motivation to join the field of counselling and therapy. What calls you to this work?

Click or tap here to enter text.

1. What was your most significant learning about yourself from your most recent practicum placement (or your most recent supervised role as a helper). Why was it significant for you?

Click or tap here to enter text.

1. Please describe your emerging theoretical orientation. You may include descriptions of specific interventions you have used and why. Please also describe how you approach “assessment” and “case conceptualization”, and how these connect with your interventions or behaviours in counselling sessions.

Click or tap here to enter text.

1. Do you have additional skills or experience working with particular populations that you would like to highlight?

Click or tap here to enter text.

**REFERENCES**

Please provide the names and contact information for two professional references who have directly observed your clinical and/or academic performance. At least one name must be your clinic or practicum supervisor who has directly observed your clinical work.

1. Name Click or tap here to enter text.

Position & Organization Click or tap here to enter text.

Email Click or tap here to enter text.

Phone Click or tap here to enter text.

1. Name Click or tap here to enter text.

Position & Organization Click or tap here to enter text.

Email Click or tap here to enter text.

Phone Click or tap here to enter text.

**APPLICATION CHECKLIST AND SUBMISSION**

Please check off and ensure that you include all of the following with your application:

Completed Practicum Application form, including two References with contact info (above)

Cover letter, including:

* Why you are interested in working with post-secondary students
* How this practicum experience would align with your training and career goals

Current resume or curriculum vitae

Copy of your most recent graduate transcript(s); photocopies are acceptable

Completed application packages and/or inquiries may be directed by e-mail to:

**Dr. Leah Wilson, R. Psych.**

Advanced Practicum Program Coordinator/Director of Training

Student Wellness Centre

University of Victoria

[wilsonlj@uvic.ca](mailto:wilsonlj@uvic.ca)

Note: *For* **UVic Clinical Psychology** *applicant requirements, please consult with your Clinical Psychology Program Practicum Coordinator*.