



Student Practicum Application

Return completed application to:

Grey Bruce Health Unit. 101 -17th Street West, Owen Sound, ON. N4K 0A5 Attn: Human Resources
or email: apply.jobs@publichealthgreybruce.on.ca

Personal Information:

Practicum / Placement Discipline : <input type="checkbox"/> Nursing <input type="checkbox"/> Inspection <input type="checkbox"/> Rural Health Sciences <input type="checkbox"/> Administrative <input type="checkbox"/> Other _____	
Last Name:	Given Name(s):
Address:	
Home Telephone:	Alternate Number:
Email Address:	

Please outline your practicum requirements and educational program information in the section below. Attach any documents (e.g. program descriptions, learning plans, practicum evaluations, forms) provided by your educational institution.

Practicum and Educational Information:

Length of Practicum Required (e.g. hours, days):		
Practicum / Placement: <input type="checkbox"/> Unpaid <input type="checkbox"/> Paid <input type="checkbox"/> Either		
Schedule / Availability (e.g. days of the week, hours per day):		
Practicum Proposed Start Date: _____		End Date: _____
School contact (name): _____		Phone Number: _____
Applicable Program	Length of Program (years)	Current Year
<input type="checkbox"/> University _____	_____	_____
<input type="checkbox"/> College _____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____
Other Related Post-Secondary Education:		

Why have you applied for (a) a Public Health practicum in general?
(b) a practicum with the Grey Bruce Health Unit specifically?

What specific areas of interest do you have (e.g. health issues and/or target groups)?

Briefly summarize your strengths and abilities as they relate to the practicum applied for.

Please outline the learning objectives and goals that will be central to your practicum.

Previous Related Practicum / Placement / Employment Experience:

Document any past experience that is related to the practicum applied for. Attach additional pages if necessary.

1. Employer / Supervising Organization: _____

Type of Experience: Employment Placement / Practicum Other _____

Description of Experience:

2. Employer / Supervising Organization: _____

Type of Experience: Employment Placement / Practicum Other _____

Description of Experience:

Signature: _____ Date: _____