



## Student Practicum Application

**Return completed application to:**

Grey Bruce Public Health. 101 -17<sup>th</sup> Street East, Owen Sound, ON. N4K 0A5 Attn: Human Resources  
or email [apply.jobs@publichealthgreybruce.on.ca](mailto: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:	Vehicle:   YES <input type="checkbox"/> NO <input type="checkbox"/>

*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 Public Health 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: \_\_\_\_\_