

Chilliwack Society for Community Living Practicum Student Application



9353 Mary Street
Chilliwack BC V2P 4G9
Ph: (604)792-7726 Fax: (604)792-7962
Email: human.resources@cscl.org

Date of Application: _____

Name: _____ Email Address: _____

Home Address (Physical) _____ City _____ Postal Code _____

Mailing Address (if different) _____ City _____ Postal Code _____

Home Phone _____ Cell Phone _____

Practicum Info

School/Institution: _____ Location of School: _____

Program/Area of Study: _____ Certificate Diploma Degree Other: _____

Name of Instructor/Practicum Coordinator: _____ Tel: _____

Email: _____

Start Date of Practicum: _____ End Date of Practicum: _____

Total Hours: _____ Hrs/week: _____

If you are applying for placement in a particular CSCL Program, please specify name of program(s): _____

Availability

In the table below, place a '✓' where you are available for shifts.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Days 7am-3pm							
Evenings 3-11pm							
Overnights 11pm-7am							

Availability Comments:

Additional Information

Describe any known allergies (i.e. pets, foods) and any limitations you may have relating to them.

Do you have any relatives currently employed at CSCL? YES, Name: _____ NO

Do you have any relative(s) or anyone in your household currently receiving services from CSCL? YES NO

If Yes, what program? _____

Practicum Requirements

Clear Criminal Record Check

Must be obtained through the Ministry of Public Safety & Solicitor General/Criminal Records Review Program (CRRP).

- If Criminal Record Check already obtained through school course/program, student may **provide copy of recent Clearance Letter**.
- To obtain a Criminal Record Check, students must complete the Consent to a Criminal Record Check form available from CSCL. Once completed, submit form to the CSCL HR Department who will contact the Ministry of Public Safety and obtain the check.
- The CRRP charges a **\$28 processing fee** (payable by the student in person to CSCL by cash/debit/credit).

Confidentiality Oath

All matters and information pertaining to individuals that has been gained with the organization must be treated as confidential. Under no circumstances may an individual's information be divulged either inside or outside the organization other than to persons authorized to receive such information in the course of their duties.

I, _____, have read and reviewed the above Chilliwack Society for Community Living confidentiality oath. I understand that all individuals' information to which I may have access is confidential and is not to be communicated except as outlined in the confidentiality oath.

Signed: _____

Declaration

I certify that all information in this application is true and complete. I understand that if any such information is at any time found to be false; such information may be cause for discharge or refusal of practicum placement.

Signature of Student: _____ Date: _____

Additional Comments:

CSCL Practicum Application
SOP: HR005 Practicum Students
Revised: October 2011

For Office Use Only:

Practicum Site/Program Assigned: _____ Manager: _____

CRC Clearance Letter Received? YES NO, give reason why: _____

Application entered in ShareVision? YES
