



Application for Experiential Education Placement

At Hamilton Health Sciences, we value our Academic Partnerships and support a myriad of experiential learning opportunities. Thank you for completing this application. Each submission will be reviewed within 7 days.

 If you are seeking **volunteer placements**, these are coordinated through [Volunteer Resources](#) at Hamilton Health Sciences 905-521-2100 x75339. **Do NOT complete this form.**

 If you are seeking a **secondary school co-op placement**, you must first receive approval from your Board of Education.

 All placements are non-paid unless otherwise indicated. Paid post-secondary co-op placements are quite rare within our organization.



The affiliation agreement, insurance and immunization requirements will vary according to your status and the type of placement you are seeking; however, **all requirements specific to your request, must be fulfilled prior to commencement of the placement. In some cases, this process can take up to four to six weeks.** Once this application is reviewed by the Office of Student Affairs you will be informed of progress and next steps.

Please indicate your status and the type of experiential education placement you are seeking.

I am a student or individual seeking: **Select one:**

SECTION I CONTACT INFORMATION

Name: _____

Address: _____ City: _____

Phone: _____

e-Mail use academic e-mail address: _____

Emergency contact: Name: _____	Phone: _____
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SECTION II ACADEMIC INFORMATION

Name of Academic Institution or Agency: _____

Program of Studies and Department: _____

Current Year of Enrollment: _____

Student ID #: _____

Indicate Type of Program (✓): **Select one:**

SECTION III DESCRIPTION OF PLACEMENT REQUEST

Type of placement you are seeking: _____

Preferred Hospital site: **Select site:** _____ If more than one site preferred: **Select another:** _____

Preferred Program/Ward/Area:

1 _____	2 _____
3 _____	4 _____

Do you have a specific preceptor/mentor/ supervisor that you are requesting for this educational experience? **Select one:** If **yes**, please specify:

SECTION IV SPECIFIC LEARNING OBJECTIVES

Is this placement a requirement of your curriculum? **Select one:**

Please provide your specific learning objectives for this educational experience. You may attach details with this application.

SECTION V DURATION OF PLACEMENT

Preferred start date: [Click here to enter a date.](#) End date: [Click here to enter a date.](#)

How many hours are required in total? Indicate the weekly distribution of hours if it is applicable.

SECTION VI HEALTH INSURANCE COVERAGE

For the purposes of health insurance coverage, are you a resident of the Province of Ontario? **Select one:**

If **no**, indicate Canadian province or international country of which you are currently a resident:

SECTION VII SUPERVISOR INFORMATION

Your supervisor/teacher/placement coordinator/agency contact...

Name: _____

Phone: _____

e-Mail: _____

SECTION VIII ATTACHMENTS

Resume **yes** **no**

CV **yes** **no**

e-mail completed form (and attachments) to: studentaffairs@hsc.ca

