



Practicum Training Program Application

Applicant's Name: _____ **Date:** _____
First Last Month Day Year

Address: _____
Unit #, Street Address City Prov Postal Code

Home Phone: () _____ **Cell Phone:** () _____

Work Phone: () _____ **Other:** () _____

Email Address: _____

Institution/Program Contact: _____
Name Phone Number

Period(s) applying for: September to April April to August January to June

Note: The practicum year runs from September to April, is structured for interns with limited previous clinical experience and includes a full range of training opportunities. January and April start dates are occasionally available and are more suited for interns with previous clinical experience.

Is this your first practicum: Yes No

If no, please provide details of your previous internship experience:

In which office would you prefer to be placed?

- Brampton (Hwy 410 & Clark Blvd.)
 Mississauga (Hwy 403 & Hurontario St.)

Are you interested in working in a program other than the CORE counselling program (individual, couple, family, partner abuse, trauma). If yes, please specify:

- HEAL Program
 Safe Centre of Peel (SCoP)
 Partner Assault Response (PAR) Program
 Other _____

Education

Bachelors Degree: _____
 Degree Institution Year completed

Master's Degree: _____
 Degree Institution Year completed

Doctoral Degree: _____
 Degree Institution Year completed

In Progress: _____
 Degree Institution #. of courses remaining Expected completion date

In which professional/accreditation bodies are you registered / eligible for registration?

What is your status with these organization(s)?

Please list the courses you have completed in the following subject areas:

Counseling Skills: _____

Family Therapy: _____

Couple Therapy: _____

Human Development¹: _____

Violence and Trauma: _____

Professional Ethics: _____

Contextual Issues²: _____

Counseling Theories & Methods³: _____

Other Relevant Courses: _____

¹ E.g. Human sexuality, child development, adolescence, aging, separation/divorce/re-marriage, etc.

² E.g. Diversity, social inclusion, power relationships, gender, etc.

³ E.g. Family systems, psychodynamic/psychoanalytic, group therapy, narrative, solution-focused, cognitive behavioural, etc.

What days/evenings and hours are you available? The minimum requirements are 15 hours per week, including at least one Walk in clinic and Friday.

In addition to the mandatory 15 hours, you may opt for additional hours of direct and indirect clinical work.

Day of week	Monday	Tuesday	Wednesday	Thursday	Friday
Day time Availability					8:30am-4:30pm <i>Required for all interns.</i>
Evening Availability		Mississauga Walk in Clinic 12:30 - 9:00 pm <i>Required if placed in Mississauga.</i>		Brampton Walk in Clinic 12:30 - 9:00 pm <i>Required if placed in Brampton.</i>	

Indicate the number of hours you are required (or want) to acquire during the practicum and the number of semesters to which you are committing.

Overall # of hours: _____ **Direct/face-to face clinical hours:** _____

Individual hours: _____ **Supervision hours:** _____

Relational hours: _____ **No. of semesters:** _____

To enrich the learning experience, we strongly encourage interns to co-facilitate a group (in Mississauga and Brampton offices only). These hours are in addition to the 15 hours. Please indicate which of the following groups are of interest to you.

- First or second stage trauma counselling group
- Psycho-educational and support groups for men and women who have experienced abuse in relationships
- Partner Assault Response Program (Groups for men and women who have been charged with using violence in an intimate relationship).

Please state your reasons for wanting to be part of this Practicum Training Program?

Please describe your training and supervision expectations if you are offered an internship in the PTP?

CFSPD is dedicated to having staff and interns reflect the diversity of the community. Please indicate if you have skills, abilities and/or attributes that reflect diversity (e.g. languages, experience, etc.)

Please indicate the unique qualities, characteristics and skills do you bring that would enhance the work at CFSPD?

Please describe your specific areas of clinical interests?

Additional comments:

Applicant's Signature

Please return this application to:

Jennifer Myrie, DMin, RMFT
Senior Manager
Catholic Family Services Peel-Dufferin
201- 60 West Drive
Brampton, Ontario L6T 3T6
Fax: (905) 450-8902
Email: jmyrie@cfspd.com

Thank you for your application!