



Practicum Training Program Application Form

Name: _____ Date: _____

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

Telephone No: _____ Email: _____

Institution/Program Contact: _____
Name Phone No. Email address

Official dates of your placement: From: _____ To: _____

Previous Practicum Experience (Provide details of site, dates and duties performed).

Your preferred location:

- Brampton: 60 West Dr. Suite 201, Brampton, ON L6T 3T6
 Mississauga: 2227 South Millway, Unit 202, Mississauga ON L5L 3R6

Indicate your interest in a program other than, or in addition to the Core program.

- HEAL Program
 Safer Families
 Safe Centre of Peel (SCoP)
 Other: _____

Relevant Experience (Specify if paid work or volunteer):

Education

Bachelors Degree: _____
Degree Institution Year completed

Masters Degree: _____
Degree Institution Year completed OR Expected completion date

Doctoral Degree: _____
Degree Institution Year completed OR Expected completion date

of courses remaining: _____

Professional Registration(s) (status/eligibility): _____

List the courses that you have completed in the following subject areas:

Therapy / Counseling Skills: _____

Family Therapy: _____

Couple Therapy: _____

Human Development: _____

Violence and Trauma: _____

Professional Ethics: _____

Contextual Issues: _____

Theories & Methods: _____

Other Relevant Courses: _____

Indicate your availability for additional hours:

	Monday	Tuesday	Wednesday	Thursday	Friday
Day 9:00 am - 1:00 pm					8:30am-4:30pm
Day 1:00 - 5:00 pm		12:30 - 9:00 pm Required if placed in Mississauga.		12:30 – 9:00 pm Required if placed in Brampton.	Required for all interns.
Evening 5:00 - 9:00 pm					OFFICES CLOSED

Indicate the following groups that are of interest to you.

Trauma groups (First and second stage trauma group for clients dealing with current or past abuse).

Psycho-educational workshops (Groups for women who have experienced current or historical abuse).

Partner Assault Response (PAR) Groups (Several multicultural and one ethno-linguistic specific open groups for clients who have used violence and abuse in intimate relationships).

Anxiety and Depression groups (CBT and Mindfulness based groups for clients who are living with anxiety and depression).

Wellness groups (A variety of groups aimed at enhancing physical, emotional and mental wellbeing).

Indicate the number of practicum hours required:

Overall # of hours: _____

Direct/face-to face clinical hours: _____

Individual hours: _____

Supervision hours: _____

Relational hours: _____

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

What are your specific areas of clinical interests?

What are your training and supervision expectations?

List any skills, abilities and/or attributes that reflect diversity.

Additional comments:

Applicant's Signature

Submit this application *along with your resume and cover letter* to: practicum@cfspd.com.