## APPENDIX #1 - STUDENT APPLICATION FORM



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| PERSONAL INFORMATION | |
| Last Name: | First Name: |
| Address: | Home Phone Number: |
| Educational Program: | School: |
| Educational Liaison Contact (Name and Phone Number): | Email Address: |
| EDUCATION/TRAINING | |
| High School Grade: | College/University:  Other (specify): |
| SKILLS | |
| If you speak any languages other than English, please list them: | |
| Do you hold a valid driver’s license? Yes [ ] No [ ] | |
| What skills do you have that would benefit the Vaughan Community Health Centre? | |
| STUDENT EXPERIENCE | |
| Have you had previous experience in a student placement? Yes [ ] No [ ] | |
| If **yes**, please describe your experience : | |
| AVAILABILITY | |
| How many hours in total are required to complete your placement? \_\_\_\_\_\_\_\_\_\_\_\_\_  Hours  How many hours per week are you required to attend placement? \_\_\_\_\_\_\_\_\_\_\_ Hours  Frequency (please circle your availability): | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | MONDAY | TUESDAY | WENESDAY | THURSDAY | FRIDAY | SATURDAY | | MORNING | MORNING | MORNING | MORNING | MORNING | MORNING | | AFTERNOON | AFTERNOON | AFTERNOON | AFTERNOON | AFTERNOON | AFTERNOON | | EVENING | EVENING | EVENING | EVENING | EVENING | EVENING | | |
|  | |
| COMMITMENT | |
| Why have you chosen to do your student placement with us at the Vaughan Community Health Centre and what would you like to gain from this experience? | |
| Do you have any other expectations regarding your placement? | |
| Is there any other information you would like to provide? | |
| REQUIRED DOCUMENTS BY THE STUDENT PRIOR TO START OF PLACEMENT OR AT THE BEGINNING OF PLACEMENT: | |
| All students must provide the following documents prior or within the 2 weeks of starting their student placement at the VCHC. Please see the requirements:     |  |  | | --- | --- | | **Document** | **Submission Process and Timelines** | | Vulnerable Sector Screening Check (less than 6 months old) | Students must apply for the Vulnerable Sector Screening Check (VSSC) within 2 weeks of orientation.  The VSSC to be submitted to Student Coordinator in a sealed envelope upon receipt by the student | | Proof of Negative Tuberculosis Status and proof of immunity to preventable diseases | To be submitted within the first 2 weeks of placement or earlier if available (see Appendix 14) | | 2 completed professional reference forms and/or reference letters | 1. Student to provide references names, relation to the volunteer and contact information on the Student Application form (see below). 2. If invited to an interview, the references will be discussed with the student. 3. Reference forms will be provided to the student by the Student Coordinator 4. VCHC accepts a combination of reference letters/completed reference check forms (i.e. 1 reference letter + 1 completed reference check form = 2 references). 5. Reference letters should not be older than 12 months.   Upon obtaining the reference check forms, it will be the student’s responsibility to ensure references are submitted directly to the Student Coordinator by the Referee or the student in a sealed envelope prior to orientation date. | | |
| **We would like to contact two professional references—your direct supervisor, teacher or professor. Please provide two references below**  Name: Phone:  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to you:  - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -  Name: Phone:  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature of Applicant: Date: | |

**Please send the required documents to the Student Coordinator:**

Vaughan Community Health Centre

9401 Jane Street, Suite 206

Vaughan, Ontario • L6A 4H7 Phone: (905) 303-8490 • Fax (905) 303-4227

Website: www.vaughanchc.com

E: info@vaughanchc.com

While applications are preferred via email, you are welcome to apply by fax, mail or in person.

Accommodation will be provided in accordance with the Ontario Human Rights Code. If you need accommodation during the acceptance process, please contact us at 905 303 8490 Ext 153 to provide your contact information. We thank all candidates in advance for their interest, however, only those selected for an interview will be contacted

**Thank you for your interest in VCHC!**