



# APPLICATION FOR PRACTICUM PLACEMENT

St. Charles Adult Education Centres

**Hamilton- Wentworth Catholic District School Board**  
150 East 5th Street, Hamilton Ontario , L9A 2Z8 905.577.0555, Press1

**Please print**

Name: \_\_\_\_\_  
Surname Given Names

Address: \_\_\_\_\_  
Street City Province Postal Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

University: \_\_\_\_\_ Program: \_\_\_\_\_

Co-ordinator's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Placement: Mon am pm Tue am pm Wed am pm Thu am pm Fri am pm

Observation: \_\_\_\_\_ hours Practice Teaching: \_\_\_\_\_ hours

Date available to start: \_\_\_\_\_

Location Preferred: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**Interview/Visit/Tour:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Placed with Instructor: \_\_\_\_\_

Comments: \_\_\_\_\_

Criminal Record Check (dated within six months)

T.B. Test Results (dated within the year)