

STUDENT PLACEMENT *REQUEST/INFORMATION* FORM

What type of placement are you looking for? Unpaid Paid

SECTION A: *to be completed by the educational institution, student and/or Waypoint staff member*

Date of Request _____

Student Name _____

Phone _____ Email _____

Educational Organization _____

Type of placement _____
(eg. consolidation/praxis)

Current educational program _____

Area(s)/Unit(s) of interest _____

Educational Institution Placement Coordinator _____
(if known)

Are they aware of your request? Yes No

Email _____ Phone _____

Placement Start Date (approx.) _____ End Date _____

Number of days per week _____ # Hours/day _____

Total # placement hours _____ Days of the week _____

I require a response from Waypoint by this date _____

SECTION B: *to be completed by Waypoint Director or Manager*

Are you able to accept the student? Yes No

Who will be supervising the student? _____

Will the student be on their own at any time during their placement? Yes No Not Sure

Program/Department _____

Approving Manager *(required)* _____

Please send completed request form to: Miranda Weicker, Coordinator of Student Placements
studentplacement@waypointcentre.ca