

THIS FORM MUST BE FULLY COMPLETED BY ALL STUDENTS PERFORMING NON-REMUNERATED PRACTICA OR INTERNSHIP OUTSIDE THE UNIVERSITY AS PART OF THEIR COURSE CURRICULUM

BE SURE TO READ: It is imperative that the student have or should acquire personal health insurance coverage (medical, dental, dismemberment, death) prior to commencing this practica or internship. In the event of a work related injury sustained while engaged in activities related to this non-remunerated practicum/internship, any incurred expenses not normally covered by Quebec Medicare must be assumed by the student's private insurance plan, or in the absence of such a plan, the student him/herself. Students may be covered as part of a family or a partner's plan. Concordia University Student Union health plans (<http://ihaveaplan.ca>) and Blue Cross (www.bluecross.com) are possible options for obtaining individual health insurance coverage.

Student Information	Student Trainee LAST Name	Student FIRST Name (Given)	Student ID
	Address (Number, Street)	City, Province	Postal Code
	Phone Number (Work)	Phone Number (Home)	Phone Number (Cellphone)
	Email Address	Sex	
		Female	Male
	Social Insurance Number (SIN)	RAMQ	Health Insurance Plan Information

Emergency Contact	Emergency Contact LAST Name	FIRST Name (Given)	Relation
	Address (Number, Street)	City, Province	Postal Code
	Phone Number (Work)	Phone Number (Home)	Phone Number (Cellphone)
	Email Address		

University Contact	University Contact LAST Name	FIRST Name (Given)	Title
	Department	Internal Address	DPaC (Director Practica & CUPIP)
	Psychology	PY 111.5	
	Email	Phone Number (Work Extension)	
	apc@concordia.ca	(514) 848-2424 x7551	

Course Info	Course Number	
	Description	External clinical placement for advanced clinical training in assessment, intervention, and consultation. Meets CPA and APA professional standards for requisite clinical training hours for degree and licensure requirements.

Organization Training Site	Practicum Site (Name of Company or Organization)		Department
	Address (Number, Street)	City, Province / State	Postal Code / Zip Code
	Training Director	Supervisor Name	Supervisor Phone Number (Work)
	Supervisor Email Address	Alternate Phone Number	

Job Info	Length of Assignment (1 yr / 6 mos)	FROM (Month / Year)	TO (Month / Year)
	Basic Description of Duties	Clinical psychology student trainee will conduct assessment, intervention, and consultation with clinical cases under the direct supervision of a licensed psychologist.	

DECLARATION – I solemnly declare that that all of the statements made in this application are true. I declare that I have read and understood all of the questions and all information is complete. The **HARDCOPY** of this application **MUST be returned to the Applied Psychology Centre (PY111.5)** no less than two weeks prior to your practicum start date, otherwise you will not be insured. **NOTE:** Should you receive any amount of remuneration regardless of the total, this application automatically becomes null and void.