

# THE COUNSELLING SPACE

306-200 Boudreau Road  
St. Albert, Alberta, T8N 6B9  
info@thecounsellingspace.ca  
825-343-5998

## Practicum Application Form

**Please submit completed application form as well as CV to [andrea@thecounsellingspace.ca](mailto:andrea@thecounsellingspace.ca)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Post Secondary Institution: \_\_\_\_\_

Program Name: \_\_\_\_\_

Starting Date for Practicum: \_\_\_\_\_

Length of Practicum Placement: \_\_\_\_\_

Required Number of Hours: \_\_\_\_\_

Availability (please note the hours of availability under each day, ex. 4pm - 9pm):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you able to provide a criminal record check, including vulnerable populations? Yes / No

Are you able to provide three references, should you receive an offer for an interview? Yes / No

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**When answering the following questions, please provide adequate details, including relevant examples from your own experience.**

1. Tell me about your journey to entering the field of counselling. What experiences and values have lead you to this point in your life?

2. What strengths do you bring to the role of student therapist?

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3. What challenges do you bring to the role of student therapist?

4. What are your early thoughts about your own theoretical orientation?

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5. What are your hopes for your practicum experience?

6. What types of clients (ages, demographics, etc) and presenting problems are you hoping to work with during your practicum?

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7. What are some of the worries you have about your practicum?

8. What modalities are you hoping to gain competency in during your practicum?

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9. What would you like to know about The Counselling Space?

10. Please feel free to share any additional information that you believe is helpful.