

The Counselling Space

Practicum Student Program Application

Please submit completed application form as well as CV to 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?

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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?

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

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5. What are your hopes for your practicum experience?

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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?

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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?

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