

Internship Interest Form

NAME _____

DATE _____

I am interested in working with:

- | | |
|--|---|
| <input type="checkbox"/> Individual adults | <input type="checkbox"/> Addictions |
| <input type="checkbox"/> Couples | <input type="checkbox"/> Career |
| <input type="checkbox"/> Children | <input type="checkbox"/> Assessment |
| <input type="checkbox"/> Families | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Psychopathology | |

Geographical area preferred: _____

Counselling theories/approaches I would like to explore/develop _____

I am interested in a particular site Yes No *If yes, please specify on the "Permission to Apply" form*

Important notes:

- *DO NOT* promise any internship site that you can begin in May until your practicum completion date has been confirmed by your supervisor and the Clinical Team. Accrual of hours and skill development are considered in the timing of completion of practicum. Each year, several students continue practicum between May and July. If you are in conversation with a site that requires a May start date, please discuss this with your supervisor and member of the Clinical Team.
- In order to apply for an internship placement, you must fill out the "**Internship Interest**" and "**Permission to Apply**" forms before making contact with the site.
- Internship placements are not formalized until all three parties (MA-CPSY, the site, and the student) have completed and signed the "Internship Agreement Form." Placements must be formalized for the hours to count and for students to be covered under TWU insurance.

Permission to Apply Form

(Print off as many pages as needed, and adjust page number at bottom)

Site Name: _____

Describe how this particular placement fits your goals for counselling training?

How does this placement fit with your emerging areas of strength and continued areas for further development?

| | |
|--|-----------------------------|
| Clinical Team Comments (<i>office use only</i>): | Approved to Apply YES NO |
|--|-----------------------------|

Site Name: _____

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| | |
|--|-----------------------------|
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| Clinical Team Comments (<i>office use only</i>): | Approved to Apply YES NO |
|--|-----------------------------|