Tehsakotitsén:tha
Kateri Memorial Hospital Centre
Established 1905

STAGE STUDENT PLACEMENT REQUEST FORM

COMPLETE AND RETURN TO : kmhc.hr.kahnawake@ssss.gouv.qc.ca

IMPORTANT: THIS FORM MUST BE COMPLETED FOR EACH STUDENT AND RETURNED WITH A SIGNED PRIVACY WAIVER AND VALID PHOTO ID TO THE ABOVE EMAIL ADDRESS. IN THE EMAIL SUBJECT, PLEASE INDICATE STAGE STUDENT WITH THE NAME OF YOUR PROGRAM AND ACADEMIC INSTITUTION.

ACADEMIC INSTITUTION : _____ PROGRAM COORDINATOR : _____
NAME / SURNAME (PLEASE PRINT)

PROGRAM : _____ TELEPHONE : _____ EXT. : _____

☐ Vocational ☐ College Email: : _____

☐ University (Bachelor's) ☐ University (Master's)

STUDENT :

_____ _____ _____
NAME / SURNAME (PLEASE PRINT) TELEPHONE E-MAIL

		BEGINNER	INTERMEDIATE	ADVANCED		BEGINNER	INTERMEDIATE	ADVANCED
LANGUAGE PROFICIENCY :	SPOKEN KANIEN'KEHA	☐	☐	☐	SPOKEN ENGLISH	☐	☐	☐
	WRITTEN KANIEN'KEHA	☐	☐	☐	WRITTEN ENGLISH	☐	☐	☐

RECEIVED COVID-19 VACCINE (2 DOSES) YES ☐ NO ☐

ACADEMIC PROGRAM INFORMATION

PROGRAM YEAR 1ST ☐ 2E ☐ 3RD ☐

SESSION ☐ FALL ☐ WINTER ☐ SPRING ☐ SUMMER

Contact already established within KMHC? ☐ YES ☐ NO

FIELD PLACEMENT INFORMATION

START DATE : _____ DD/MM/YYYY

ENDING DATE : _____ DD/MM/YYYY

TOTAL HOURS REQUIRED : _____

TOTAL DAYS REQUIRED : _____

DAYS	AM ☐ PM ☐	M ☐	T ☐	W ☐	T ☐	F ☐	S ☐	S ☐	FLEXIBLE DAYS ☐

ADDITIONAL INFORMATION - PLEASE SELECT YOUR 1st AND 2nd CHOICE FOR EACH COLUMN

CLIENTELE	ENVIRONMENT	UNIT / SECTOR
☐ YOUTH	☐ INPATIENT	☐ LONG-TERM CARE
☐ ADULTS	☐ OUTPATIENT	☐ SHORT-TERM CARE
☐ SENIORS / ELDERLY	☐ COMMUNITY	☐ OUTPATIENT CARE
	☐ ADMINISTRATION	☐ TRADE (Housekeeping, Technical Services, Kitchen Services)
		☐ REHABILIATION
		☐ HOMECARE
		☐ Other

SPECIFIC REQUIREMENTS :

_____

_____

_____

FOR OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____

FORWARD TO : _____ DATE: _____

RE-SENT TO : _____ DATE : _____

STATUS : ☐ ACCEPTED ☐ REFUSED DATE : _

SUPERVISOR: _____

LOCATION : _____

PW☐ ID☐