

STUDENT PLACEMENT REQUEST

This form is for unpaid student placements only.
If you are seeking a paid placement please visit the job postings at www.waypointcentre.ca

SECTION A: to be completed by the educational institution or student

Date of Request _____

I require a response by _____

Student Name _____

Email _____

Phone _____

School _____

Educational program _____

Placement type
(eg. consolidation/practicum) _____

Area(s) of interest _____

Start Date _____ End Date _____

of placement hours _____

Educational Program Coordinator _____

Email _____ Phone _____

SECTION B: to be completed by Waypoint

Are you able to accept the student? Yes No

Who will be supervising the student? _____

Program/Department _____

Approving Manager (required) _____

Save the completed form to your computer and send via email to:

Miranda Weicker, Student Placement Coordinator
studentplacement@waypointcentre.ca