

| Candidate Information | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------|-------|
| Name: | | Date: | |
| Institution: | | Program: | |
| Name of Instructor: | | | |
| Instructor Contact Number: | | | |
| Instructor Email Address: | | | |
| Please indicate your academic institution's placement requirements or criteria, eg. number of hours, days of the week, length of placement including start date, etc. | | | |
| | | | |
| What types of duties, experiences or roles are you interested in during your placement? | | | |
| | | | |
| This Section for Office Use Only: | | | |
| Placement Request: | <input type="checkbox"/> Accepted | <input type="checkbox"/> Denied | |
| Rationale for Decision: | | | |
| | | | |
| Equipment needed (eg. footwear, clothing, placement handbook/information, etc): | | | |
| | | | |
| Placement Location: | <input type="checkbox"/> Wellington Site | <input type="checkbox"/> Century Home | |
| | <input type="checkbox"/> Administration Building | <input type="checkbox"/> Community Site: | _____ |
| | <input type="checkbox"/> Other: | _____ | |
| STC Placement Coordinator Name: | | | |
| Signature: | | | |
| Decision Date: | | | |

Please submit this completed form to the STC Placement Coordinator
via email to placements@stonehengetc.com