



STONEHENGE THERAPEUTIC COMMUNITY
STUDENT PLACEMENT CONSIDERATION FORM

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"/> Men's Centre <input type="checkbox"/> Women's Centre <input type="checkbox"/> Administration Building <input type="checkbox"/> Community	
STC Placement Coordinator Name:	
Signature:	
Decision Date:	

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