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### PRACTICUM APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program: \_\_\_\_\_

Name of Faculty Supervisor: \_\_\_\_\_

Term/Year you are applying for: \_\_\_\_\_ Number of credits for this practicum: \_\_\_\_\_

Number of hours per week desired (minimum 14 hours): \_\_\_\_\_

#### Previous Clinic and/or Practicum Sites

Date	Site	Duties

#### Related Counselling Work Experience

Date	Site	Duties

#### Course work in Theories, Therapy Skills, Special Populations

Date	Course	Description