



HealthKick

Rural Healthcare Work Placement Student Application Form

Application Submission Deadline is

- Ensure that you have the correct application for the job to which you wish to apply.
- Use the instructions at the bottom of this form to properly name this form and submit it to HealthKick.
- Only those applications that meet the program criteria will be submitted to the employer offering this position.
- Do not send resumes or cover letters but ensure all information on this application is complete.
- Employers are responsible for contacting students they wish to interview. Please respond to them in a timely manner in order to ensure that the process of finalizing the job offer takes place in an efficient way.
- Currently placements for 2012 are for Huron County Only, if we obtain funding from other counties this may change.

Thank you and good luck!

Submission Date: (this date will be verified by the email date)

Job Placement Number	2012-08	Job Placement Title	MENTAL HEALTH SUPPORT WORKER
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Candidate Information

Student Name			
Home Street Address			
City/Town		County your home is located in	
Postal Code			
Phone (home)			
Phone (other)			
Email			

Candidate Qualifications

Complete the following areas explaining your qualifications for the specific job you are applying for

1. Identify your Skills, Training that are related to those required by for this job:

<input type="checkbox"/> Computer Skills Please explain	
<input type="checkbox"/> CPR	
<input type="checkbox"/> First Aid	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Other (explain)	

2. Education

Provide information on your education. At the post secondary level provide details of your program of study such as your school name, name of your program, year of study (e.g. first year, fourth year), and any details that relate your education to the position (such as skills learned or course taken)

<input type="checkbox"/> Secondary School	School Name: Current Grade:
<input type="checkbox"/> Post Secondary	Institution: ↳ Name of Program(s) of study: • Year and Details of :



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	Institution: ↳ Program(s) of study: • Year and Details:
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3. Describe how your background meets the requirements of the job description

4. Describe other qualifications, skills or experience that are relevant to the job

5. What is your healthcare career goal?

6. How will this job benefit your career in healthcare?

Work History
Please list your work experience starting with the most recent.

Employer Name		Dates of Employment	
Job Title:		Job Duties:	
Employer Name		Dates of Employment	
Job Title:		Job Duties:	
Employer Name		Dates of Employment	
Job Title:		Job Duties:	
Employer Name		Dates of Employment	
Job Title:		Job Duties:	
Employer Name		Dates of Employment	
Job Title:		Job Duties:	

Availability for Work	The earliest date I am available is _____ The date I am available until is: _____
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Please indicate your availability for work during the placement Select all that apply	Number of days per week: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Number of hours per day: _____ Schedule is flexible: <input type="checkbox"/> Schedule may involve: <input type="checkbox"/> Days only <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends
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Other Information:

Provide other information you feel may be helpful in the determination of your suitability for this job for the purposes of the Rural Healthcare Work Placement program (ex. awards, volunteer experience, extracurricular activities, etc.). This can include information from your resume that has not been provided on this application.

Student Application Process
Follow these directions to submit this application for the job order identified at the top of this application

- Step 1 – SAVE** your Application document to the desktop on your computer and ensure that you **ADD** your name to the beginning of name of the document (this will assist HealthKick in identifying your submission when it comes to us)
- Step 2 – CLOSE** the Application document
- Step 3 – Right Click** the Application document on your desktop
- Step 4 – Select SEND TO > Mail Recipient**
– your default email program will open a new email message with the document attached.
- Step 5 – Fill in the message fields:**
- To: healthkick@smallbusinessshuron.ca
 - Subject: Add your name to the beginning of the default subject line (this may already have happened if you named the document earlier with your name included)
 - Add any message you wish in the body of the email
- Step 6 - SEND**

Program will operate based on availability of funding and may be subject to cancellation or modification as deemed necessary by HealthKick or its sponsoring organizations.