



## Student Placement Application Form

For students who wish to undertake placement at ACAS as part of their academic requirements.

The personal information is being collected for the purpose of processing and evaluating your application. ACAS will not trade or share personal information other organizations.

Please send this form by email to: [officeadmin@acas.org](mailto:officeadmin@acas.org)

ATTN: Student Placement

We will try our best to reply to your application within 5 business days.

Thank you

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Date \_\_\_\_\_

Name \_\_\_\_\_  
*First* *Last*

Preferred pronoun(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Educational Institute \_\_\_\_\_

Location \_\_\_\_\_

Program/Field of Study \_\_\_\_\_

Program Length (Years) \_\_\_\_\_

Current year of study \_\_\_\_\_

Preferred areas for placement \_\_\_\_\_

- Support for HIV+ people
- Gay, bi-sexual men's sexual health
- Women's sexual health
- Queer Asian Youth
- CHAMP Community Leadership Training
- Other (i.e. research study) \_\_\_\_\_

Placement Start Date \_\_\_\_\_ Placement End Date \_\_\_\_\_

Required placement hours \_\_\_\_\_

Number of practicum hours per week \_\_\_\_\_

Preferred placement days

Monday      Tuesday      Wednesday      Thursday      Friday

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Other requirements (i.e. clinical supervisor)

Cover Letter  
(Choose File)

Resume\*  
(Choose File)

Research study\*  
(Choose File)

*If this is part of your Master's thesis or Ph.D. Dissertation, please download a 'Research Collaboration' form here and fill it out.*

For ACAS Admin:

Date application received:

Application forwarded to:

Decision on application: