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| **MPH Practicum Proposal Fillable Form** |
| Note 1: Your form will be posted on an internal online catalogue. Students review the catalogue and apply to the identified supervisor (or other identified contact) with their cover letter and CV/ resume. The Agency/ Supervisor decides on the manner with which they choose a successful candidate; interviews are recommended but not required.Note 2: Students usually complete a first, 16 week full-time practicum starting early May and occasionally complete a second, 12 week full –time practicum beginning in early January. For more details contact the practicum placement officer (contact information at bottom of form). Note 3: Please expand boxes as necessary. |
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| **Name of Agency** |   |
| **Agency Address** |   |
| **Type of Agency** (Include brief description of agency’s main goals and programs)**Include web site if available** |   |
| **Name and Title of Supervisor** |   |
| **Supervisor Experience and Education** (Provide your professional background and describe any experience working with students) |   |
| **Supervisor contact information** (email, phone) |   |
| **Preference for contact** | [ ]  Email [ ]  Phone |
| **Ideal start date** |   |
| **Ideal end date** |   |
| **Availability of funds** | [ ]  Yes [ ]  No |
| **Range of funding available** (if applicable) |  |
| **Description of the Proposed Practicum** (Describe the work experience and/or project: context, health problem, population)  |   |
| **Benefit to student** (How will this placement be of interest and benefit to a student?)  |   |
| **Preferred field**  | [ ] Nutrition & Dietetics [ ] Epidemiology [ ] Health Promotion [ ] Occupational & Environmental Health [ ] Family & Community Medicine  |
| **NOTES** (Your opportunity to add anything else.) |   |

*Please return to the Practicum Placement and External Relations Officer*

*Email:* *practicum.dlsph@utoronto.ca* *Fax: 416-978-1883 Phone: 416-978-8844*