|  |  |
| --- | --- |
| **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. | |
|  |  |
| **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*](mailto:practicum.dlsph@utoronto.ca) *Fax: 416-978-1883 Phone: 416-978-8844*