

Bachelor of Science in Nursing

Student ID (9-digit):	
Name:	
SUPERVISED PLACEMENTS 1. Type of placement (i.e. High s	S, CO-OPS OR PRACTICUM school co-op, hospital/community health placement etc.):
1. Type of placement (i.e. riights	seriou co-op, nospitali community ricalin placement etc.).
Name of supervising education	onal institution (i.e Merivale High School, Algonquin Col etc.):
Start Date:	Date Completed/Expected:
Number of hours per week:	
Please provide a brief descri	ption of activities:
2. Type of placement (i.e. High s	school co-op, hospital/community health placement etc.):
Name of supervising education	onal institution (i.e Merivale High School, Algonquin Col etc.):
Start Date:	Date Completed/Expected:



Number of hours per wee	ek:
Please provide a brief de	scription of activities:
Type of placement (i.e. Hi	igh school co-op, hospital/community health placement etc.):
Name of supervising edu	cational institution (i.e Merivale High School, Algonquin Col etc.)
Traine or supervising caa	Cational institution (i.e incirvate riigh School, Algoriquin Soi etc.)
Start Date:	Date Completed/Expected:
Start Date.	Date Completed/Expected.
Number of hours per wee	ek:
Places provide a brief de	corintian of activities:
Please provide a brief de	scription of activities.



CERTIFICATES, LICENSES AND TRAININGS (Eg: ASIST, BLS, NVCI, First Aid & CPR, Smart Serve etc.)

1. Name of certificate/licer	nse/training (and name of institute, if relevant):
Start Date:	Date Completed/Expected:
2. Name of certificate/licer	nse/training (and name of institute, if relevant):
Start Date:	Date Completed/Expected:
3. Name of certificate/licer	nse/training (and name of institute, if relevant):
Start Date:	Date Completed/Expected:
AID WORK EXPERIEN	ICE
was part-time , less than 25	gical order, most recent first and work backwards. Indicate if work 5 hours per week – or full-time , more than 25 hours per week, and with month and date. i.e. Sept 2021 to Feb 2022
1. Start Date:	To Date:
Name of organization/e	mployer:
City:	Prov/State: Country:
Part-time or Full-time:	
Please provide a brief d	lescription of activities: les, landscaping labour, customer support, supervision of retail staff,

serving tables and bar, general administrative duties etc.)



Start Date:	To Date:
Name of organizatio	n/employer:
City:	Prov/State: Country:
Part-time or Full-tim	e:
(i.e., Telephone or retai	ef description of activities: Il sales, landscaping labour, customer support, supervision of retail staff, general administrative duties etc.)
Start Date:	To Date:
Name of organizatio	n/employer:
City:	Prov/State: Country:

Part-time or Full-time:

Please provide a brief description of activities:

(i.e., Telephone or retail sales, landscaping labour, customer support, supervision of retail staff, serving tables and bar, general administrative duties etc.)



INPAID/VOLUNTEE	R EXPERIEN	ICE
1. Title of your role:		
Start Date:		To Date:
Name of organizatio	n/employer:	
City:	Prov/State	e: Country:
Part-time or Full-time	e:	
Please provide a brid (i.e., Telephone or retain serving tables and bar,	l sales, landscap	ing labour, customer support, supervision of retail staff,
2. Title of your role:		
Start Date:		To Date:
Name of organizatio	n/employer:	



City:		Prov/State:		Country:		
Part-time of	or Full-time:					
(i.e., Teleph	one or retail sa	description of acales, landscaping landscaping landscaping landscaping landscaping landscaping	abour	, customer su	oport, superv	ision of retail staff,
Title of you	ır role:					
Start Date:			To D	ate:		
Name of o	rganization/e	employer:				
City:		Prov/State:		Country:		
Part-time of	or Full-time:					
(i.e., Teleph	one or retail sa	description of adales, landscaping landscaping landscaping landscaping landscaping landscaping landscape l	abour	, customer su	oport, superv	ision of retail staff,



OTHER COMMUNITY OR SCHOOL INVOLVEMENT

1.	Title of your role: (i.e., Member, vice-president, student ambassador, team captain, participant)					
	Group or Committee (i.e. LGBTQ2S+ student society, Youth outreach program, Anti-Asian Racism working group, Mental health in sport initiative etc.)					
	Start Date: To Date:					
2.	Title of your role: (i.e., Member, vice-president, student ambassador, team captain, participant)					
	Group or Committee (i.e. LGBTQ2S+ student society, Youth outreach program, Anti-Asian Racism working group, Mental health in sport initiative etc.)					
	Start Date: To Date:					