

Bachelor of Science in Nursing

Student ID (9-digit):

Name:

SUPERVISED PLACEMENTS, CO-OPS OR PRACTICUM

1. Type of placement (*i.e. High school co-op, hospital/community health placement etc.*):

Name of supervising educational institution (*i.e. Merivale High School, Algonquin Col etc.*):

Start Date:

Date Completed/Expected:

Number of hours per week:

Please provide a brief description of activities:

2. Type of placement (*i.e. High school co-op, hospital/community health placement etc.*):

Name of supervising educational institution (*i.e. Merivale High School, Algonquin Col etc.*):

Start Date:

Date Completed/Expected:

Number of hours per week:

Please provide a brief description of activities:

3. Type of placement (*i.e. High school co-op, hospital/community health placement etc.*):

Name of supervising educational institution (*i.e Merivale High School, Algonquin Col etc.*):

Start Date:

Date Completed/Expected:

Number of hours per week:

Please provide a brief description of activities:

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

1. Name of certificate/license/training (and name of institute, if relevant):

Start Date:

Date Completed/Expected:

2. Name of certificate/license/training (and name of institute, if relevant):

Start Date:

Date Completed/Expected:

3. Name of certificate/license/training (and name of institute, if relevant):

Start Date:

Date Completed/Expected:

PAID WORK EXPERIENCE

List all in reverse chronological order, most recent first and work backwards. Indicate if work was **part-time**, less than 25 hours per week – or **full-time**, more than 25 hours per week, and reflect time period clearly with month and date. i.e. Sept 2021 to Feb 2022

1. Start Date:

To Date:

Name of organization/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.)

2. Start Date:

To Date:

Name of organization/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.)

3. Start Date:

To Date:

Name of organization/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.)

UNPAID/VOLUNTEER EXPERIENCE

1. Title of your role:

Start Date:

To Date:

Name of organization/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.)

2. Title of your role:

Start Date:

To Date:

Name of organization/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.)

3. Title of your role:

Start Date:

To Date:

Name of organization/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.)

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: