NORTHWEST TERRITORIES
Health and Social Services Authority

NWT Health System
Practicum Placement Program
Student Placement Request Form

Placements are non-paid. Non-clinical Placements are for disciplines that do not have direct involvement in patient care. Clinical Placements are for disciplines that are in a position that will be directly involved with patient care or directly provide patient care.

For further information contact HSSPrograms@gov.nt.ca

Any incomplete forms will be returned and could possibly delay your placement request.

Student	
Name	Phone Number
Email	Birthdate (yyyy-mm-dd)
Educational Institution	
Name of Educational Institution	
City	Province
Program Enrolled In	Website Link to Program Information
Current Program Year (e.g. year 1, 2, 3 or 4)	Expected graduation date (yyyy-mm-dd)
The Educational Institute has a valid Practicum Affiliation Agreement in place with the NWT Health System listed here: Practicum Affiliation Agreements □ Yes □ No – the Education Institute contacts HSSPrograms@gov.nt.ca to initiate an Affiliation Agreement	
Instructor/Placement Coordinator	
Name	Title/Position
Email	Phone Number
The personal information us being collected in support of your application for practicum placement under the Practicum Placement Program (PPP). It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act (ATIPP). If you have any questions about collection or use of the information, please contact the Manager, Strategic Learning & Talent Development at (867) 767-9105 ext. 40185 or email HSSprograms@gov.nt.ca	

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Placement Request	
Choose one	
Community Option #1	Facility
Community Option # 2	Facility
Community Option # 3	Facility
Program Service	Total hours
Start Date (yyyy-mmm-dd)	End Date (yyyy-mm-dd)

Has the student, instructor or placement coordinator contacted a NWT Health System employee who has agreed to accommodate the placement?	
□ No, a virtual introduction is requested with potential placement departments. □ Yes - if YES, please provide NWT Health System employee contact information below:	
HS Employee Name	Position/Title
Work Phone	Email Address
Choose one	Choose one
Program/Unit	Community
The **Individual Practicum Supervisor Agreement** must be completed by the Student and Supervisor prior to the Placement Start.	

Please email this completed form with the **required documents** to HSSPrograms@gov.nt.ca

- □ Signed Oath of Confidentiality
- □ Individual Practicum Supervisor Agreement
- □ Student Placement Agreement

The HSS System reserves the right to request from the Institution access to the student's vaccination records, TB screening and current Criminal Record Check/Police Check (Vulnerable Sector is required).

Additional Information: Practicum Placement Program Policy, Quick Guide and List of HSS System Facilities