

Student Placement Application Public Health

Personal Data		
Last Name:		
First Name:		
Address:		
City:		
Province:		
Postal Code:		
Home Telephone No.:		
Other Contact Telephone No.:		
*Email:		
*Your email address will be used to confir	m receipt of your application.	
Student Profile		
Institution:		
Program:		
Current Year:		
Clinical Experience(s):		
Area(s) of Interests:		
Placement Details		
Start Date (DD-MM-YYYY):		
End Date (DD-MM-YYYY):		
Placement Availability:	□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday	
# Hours Per Week:		
Length of Placement:		
Academic Coordinator Name:		
Academic Coordinator Phone:		
Academic Coordinator Email:		

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Evaluation Plan:				
Screening Questions for	Student Placement			
Lambton County believes	s in:			
Vision Lambton County Is a community th	nat supports all people to strive for safety, h	nealth and wellk	peing.	
Mission Statement Public Health works with the comm Assess, promote and prote Prevent disease and injury Advocate for healthy public	ect health , and			
Values With a goal of health for all, our va	llues are C.L.E.A.R.			
Collaboration - We work with many partners to deliver programs and services that meet the needs of our community. Leadership - We advocate, inspire, and empower our community, partners, and staff to influence positive change. Equity - We commit to reducing barriers so all people can achieve their full health potential. Accountability - We provide accurate, transparent, and timely information with a commitment to protecting privacy and confidentiality. Respect - We act and serve with integrity and treat all people with dignity.				
Having read the Lambton County sorganization?	statement above, will you support and proje	ect the values o □ Yes	f our	
Do you have transportation to trave	el throughout Lambton County?	☐ Yes	□ No	
Do you have a valid driver's license	e?	☐ Yes	□ No	
Do you feel comfortable interact	ting with clients to:			
Provide service to people who are	injection drug users or sex trade workers:	□ Yes	□ No	
Support women with all pregnancy	options, including abortion:	☐ Yes	□ No	
Provide service to young teens see STD or HIV exposure:	eking birth control, or testing/treatment for	□ Yes	□ No	
Provide service to known HIV posi	itive people:	☐ Yes	□ No	
Provide service to people from all pgay/lesbian/bisexual/transgender,	priority groups, for example, ethno cultural, or people with disabilities:	, □ Yes	□ No	
Provide service to people regardin and other vaccines:	g the promotion of annual influenza immur	nization □ Yes	□ No	

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Screening Questions for Student Placement continued

Nursing Students only
Check one area that you are most interested in.
 □ Chronic Disease and Injury Prevention □ Clinical Services □ Family Health □ Environmental Services
All other students
Check two divisional areas that you are most interested in.
 □ Central Support, Information and Surveillance □ Chronic Disease and Injury Prevention □ Clinical Services □ Environmental Health □ Family Health
Do you have any additional comments or questions?:
Learning Goals:
Special Interests:

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PH USE Only		
Referred to:		
Division:	Program:	
Manager:	Staff Guide / Preceptor:	
Accepted: ☐ Yes ☐ No If No: Reason:		
Cover Letter and Resume – pleas	e submit	
Cover Letter:		
Resume:		

Send Completed application to:

Community Health Services Department
Chief Nursing Officer
160 Exmouth Street,
Point Edward, ON N7T 7Z6
Phone: 519 383-8331 ext. 3642

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