**Thank you for your interest in a clinical placement in Therapeutic Recreation at Holland Bloorview Kids Rehabilitation Hospital. Please complete this application form and submit it with your resume to** [**trstudents@hollandbloorview.ca**](mailto:trstudents@hollandbloorview.ca)

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| Student Information | | |
| First Name: | Last Name: | |
| School: | **E-mail Address:** | |
| Clinical Placement Information | | |
| Term (select one):  Winter (January – April)  Spring/Summer (May – August)  Fall (September – December) | | **Total Hours Required:** |
| Does your course *require* you to have a CTRS as a supervisor? | | **YES**  **NO** |
| Are you a TRO Member? | | **YES**  **NO** |
| Are you available to work evenings and weekends? | | **YES**  **NO** |

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| --- | --- |
| Please answer the following questions | |
| **Why are you a good fit for a Therapeutic Recreation clinical placement in pediatric rehabilitation?** | |
| **What are your learning objectives for this clinical placement?** | |
| **Inpatient Rehab Programs** \*Rank your preference in order from 1-4 \*Note availability may vary     Complex Continuing Care (ages 7-18)     Brain Injury Rehab Team (ages 7-18)     Specialized Orthopaedic Developmental Rehab (ages 7–18)     Get Up & Go - Persistent Pediatric Pain Service (ages 12-18) | **Community Programs** \*Rank your preference in order from 1-3 \*Note availability may vary     Transitions, Recreation & Life Skills (ages 7–14)     Transitions, Recreation & Life Skills (ages 15–21)     Adapted Sport & Recreation  (ages 7 – 21) |