State McGill Diale gue McGill

STUDENT SUPPORT MEASURES 2022-2023 ACADEMIC YEAR

FORM 2 – EDUCATION INSTITUTION RECOMMENDATION

BEFORE FILLING OUT THIS APPLICATION READ THE GUIDE

APPLICATION SPONSORED BY:

Name of Educational Institution

Name of Student

PROGRAM OF STUDY:

SUBMITTED ON:

FOR:

Name of Program

(yyyy/mm/dd)

This initiative was made possible thanks to a financial contribution from Health Canada, supported by Dialogue McGill at McGill University Ce document est aussi disponible en français : <u>https://mcgill.ca/dialoguemcgill/fr/forms/formulaires-relatifs-aux-projets-de-soutien-des-stages</u>

To be completed by the Educational Institution's Field Placement Coordinator			
Section 1: Applicant			
Student Name:	Region:		
Section 2: Field Placement Coor	dinator Contact		
Name of Education Institution:			
Name of Coordinator:		Email:	
Section 3: Information on Stude	nt Internship		
Name of Institution hosting the student	intern:		
Internship Start Date:		End Date:	
	/y/mm/dd)		(yyyy/mm/dd)
Internship supervision provided by:		Ema	il:
Section 4: Student's Internship	Budget		
Indicate the total amount of financial so (This amount must be identical to the t			
Section 5: Checklist Supporting Documents			
□ Form 1–Student Application □ Student Curriculum Vitae			
Section 6: English and French prot	ficiency		
Please rate, to the best of your ability, the	student's language sl	kills in French and Eng	lish using the options below.
To understand	To speak	To read	To write
English			

French

Please write any comments you have about the student's language skills. (maximum 100 words).

Section 7: Education Institution Declaration

I declare that:

- this application is sponsored by the education institution named in section 2 of this form;
- said education institution will ensure that the supervision of the stu-dent intern will be carried out in accordance with the educational in-stitution's rules and procedures;
- said education institution is responsible for receiving an allocation from Dialogue McGill and processing internship support pay-ments to the student;
- said education institution agrees, given approval of the student sup-port for internship, to supply information on relevant financial state-ments, as well as the necessary follow-up evaluation and reporting data;

- the information provided in this application is accurate and complete; said education institution agrees to record the student's first place of employment upon graduation;
 - said education institution agrees, given approval of the student support for internship, to keep the financial documents and other internship-related documents on file for six years.
 - said education institution agrees to participate in the follow up, monitoring and evaluation of the student support internship program.

Name of Coordinator

Signature

Date (yyyy/mm/dd)