

All placements are undertaken with the permission of the student's research supervisor and the Director of Clinical Training (DCT), as part of an approved program of study toward the PhD in Counselling Psychology or School/Applied Child Psychology. This form is to be completed by the individual(s) who will assume direct supervision of or responsibility for the placement of the student named below. Students will not be permitted to register for the associated placement course until this form has been completed, signed and returned to the DCT (dct.ecp@mcgill.ca) and their Program Coordinator (counsellingpsych.education@mcgill.ca or schoolphysh.education@mcgill.ca, respectively). Additionally, students are not permitted to start on-site until the following two conditions have been met: 1) The DCT has reviewed and signed the form; 2) The student has formally registered in the course and T2T is set up for the logging of hours.

Student Information			
Name			McGill ID#
Email Address			Academic Year
Fieldwork Course		Internship Course	

Placement Site Contact Information			
Placement Site Name			
Telephone		Fax	
Address			
City	Province	Postal Code	
Site Director Name			
OPQ License (or equivalent)			

Person(s) who will supervise or assume responsibility for the student's placement			
Supervisor #1			
Name			
Email Address		Work Telephone	
OPQ License (or equivalent)			
Supervisor #2 (if applicable)			
Name			
Email Address		Work Telephone	
OPQ License (or equivalent)			
Supervisor #3 (if applicable)			
Name			
Email Address		Work Telephone	
OPQ License (or equivalent)			

Placement Details							
Start Date				End Date			
Nature of the duties of this student's Internship (e.g., supervision, department grand rounds, team supervision, etc.)							
Days and times that the student will be required at their internship site	Days						
	MON	TUE	WED	THU	FRI	SAT	SUN
	Hours						

By signing below, I hereby acknowledge that I have completely read and fully understand this document. I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief.

N.B. It is understood by the student and the staff of the program that students accepting a placement at any site will work within the structure and policy guidelines of that agency.

Student's Signature	Date
Site Director's Signature	Date
Site Supervisor's Signature	Date
Research Supervisor's Signature	Date
Director of Clinical Training's Signature	Date

Revised March 27, 2023