**ADCS 4050 - Internship in Addictions Counselling II
Pre-Internship Placement Survey**

* Email this completed form to **adcs@uleth.ca** AND **sharon.lawson@uleth.ca** with the subject **ADCS 4050 Fall 2015**
* This form must be received by **Jan 7th, 2015** by all students applying for a Fall 2015 Addictions Counseling Senior Internship

Full name: Email address:

ID number: Phone number:

1. Areas of interest (age group, service focus, type of clients, skills you want to develop):

2. Preferred agencies (in order of preference):

 1)

 2)

3)

3. Preferred Geographical Location\* (cities, areas):

4. Special Considerations (can’t work evenings, no vehicle, criminal record, etc.):

**Alternative Email address you can be reached at:**

**Phone Number:**

**\*\*\*Please note that important correspondence will be sent to your U of L email account and it is your responsibility to check your email for updates\*\*\***