**ADCS 2050 - Internship in Addictions Counselling I  
Pre-Internship Placement Survey**

* Email this completed form to adcs@uleth.ca with the subject **ADCS 2050 Spring 2015**
* This form must be received by May 31 by all students applying for a Spring 2014 Addictions Counseling Junior 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\*\*\***