

**AHTAHKAKOOP CREE NATION  
AHTAHKAKOOP RESERVE # 104**



**Post-Secondary Student Support Program**

P.O Box 190 Shell Lake, SK S0J 0K0  
Phone: 306-468-2100 Fax: 306-468-3018

**Pearl Vandall:** Cell -1(306)961-5512

**Faith Ahenakew:** Cell- 1(693)922-7280

**Email:** [postsec2011@gmail.com](mailto:postsec2011@gmail.com)

**Web Page:** <https://www.ahtahkakoop.ca/postsecondary-education>

---

**Application for Job placement /Clinical /Internship/Practicum Allowance**

**Please fill for each placement, and provide:**

1. Schedule (Hours & Dates)
2. Class registration.

**Personal Information**

Name: \_\_\_\_\_  
            First                                      Middle                                      Last

SID# \_\_\_\_\_

D.O.B: \_\_\_\_\_ Treaty:(10) \_\_\_\_\_ S.I.N:(9) \_\_\_\_\_  
          M/D/Y

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: Home (\_\_\_\_) \_\_\_\_\_ Work/Cell (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Internship/Practicum placement information**

Program: \_\_\_\_\_

Institution: \_\_\_\_\_

CLASS/Course: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Location/Company: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Contact #: \_\_\_\_\_

I SUPERVISOR \_\_\_\_\_ verify that the above named student is participating in his/her internship/practicum placement for the time duration listed above.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_