

2021 WORK PLACEMENT QUESTIONNAIRE

Information in this questionnaire will remain confidential. The purpose of this questionnaire is to know your needs and expectations and to help us find a suitable work placement.

FIST / LAST NAME:

HOME INSTITUTION:

HEALTH HISTORY :		
	YES	NO
Seasonal allergies	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Skin allergies	<input type="checkbox"/>	<input type="checkbox"/>
Currently taking prescription medication	<input type="checkbox"/>	<input type="checkbox"/>
Any physical restrictions	<input type="checkbox"/>	<input type="checkbox"/>
FOOD :		
Vegan	<input type="checkbox"/>	<input type="checkbox"/>
Vegetarian	<input type="checkbox"/>	<input type="checkbox"/>
If any of the above, willingness to make an exception during work placement	<input type="checkbox"/>	<input type="checkbox"/>
Dietary restrictions for medical reasons	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please indicate:	<input type="checkbox"/>	<input type="checkbox"/>
Other dietary restrictions	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please indicate:	<input type="checkbox"/>	<input type="checkbox"/>
HOUSING – are you prepared to live in a :		
Yurt	<input type="checkbox"/>	<input type="checkbox"/>
Cabin	<input type="checkbox"/>	<input type="checkbox"/>
Camper van	<input type="checkbox"/>	<input type="checkbox"/>
Shared bedroom – single sex	<input type="checkbox"/>	<input type="checkbox"/>
Shared bedroom – coed	<input type="checkbox"/>	<input type="checkbox"/>
Remote, rural area	<input type="checkbox"/>	<input type="checkbox"/>
EXPECTATIONS :		
Why have you decided to apply for a work placement?		
What are you most looking forward to regarding this experience?		
What are you least looking forward to regarding this experience?		
How do you hope to benefit from this experience?		
What do you expect your daily tasks to be?		
What tasks are you <u>ideally</u> hoping to complete during your work placement?		