



Student Internship/Placement Information Form
This form must be complete and handed in to your Mothercraft Internship Supervisor on the first day of internship/placement/observation visit

Student Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone #: _____ Cell Phone#: _____

College/University: _____ Area of Study: _____

Internship dates: _____ Times: _____

Faculty Supervisor: _____ Phone #: _____ E-mail: _____

Emergency Contact: _____ Phone #: _____

Mothercraft Internship Site: _____ Mothercraft Internship Supervisor: _____

I, _____ will adhere to all required Mothercraft student policies during my Internship/observation visit. I understand that all identifying information of children, families and/or staff at Mothercraft, records, material and information concerning the business of Mothercraft obtained during the course of my Internship/observation visit at Mothercraft must be treated as confidential and remains the exclusive property of Mothercraft. During or at anytime after my internship/observation visit, I shall not divulge the contents of such confidential information, records, material to any person, firm or corporation. I shall acknowledge copyright to Mothercraft if part or all information/ resources are used and/or reproduced.

Signature of Student: _____

Date: _____

Signature of Mothercraft / Manager: _____

Date: _____



Student Medical, Police and Insurance Clearance Form

By signing below please verify you have seen proof that the student _____
placed by _____ in a Mothercraft site has:
(Institution and Program/Course)

____ Completed a Police Reference Check for people working with children or vulnerable persons upon entering the present training program/course. Please note: If a PRC is received by the institution stating that information has been found, it is the academic institutions' responsibility to ensure that any found information does not in anyway place children, families, staff and the organization of Mothercraft at any risk.

or

____ Have applied for and am waiting results of a Police Reference Check and have signed an **Interim Offence Declaration Form (attached)**

____ Insurance Coverage, Workplace Safety & Insurance Board, dated: _____
provided while the student is on internship/placement at Mothercraft with the duration
of coverage from _____ to _____.
(date) (date)

or

____ Private Insurance Coverage dated: _____
while the student is on internship/placement at Mothercraft with the duration of
coverage from _____ to _____.
(date) (date)

____ Up-to-date immunization and is medically fit to participate in a student internship/
placement with children ages birth to 6 years of age.

Signature of Mothercraft / Manager: _____
Date: _____

Revised October 2010