



Internship Application Form

The Art of Palliative Care

Please fill out the form below to apply for the internship program.

Pre-Internship Requirements

Before beginning your internship, you must complete the following:

- Live Scan
- TB Test
- First Aid Certification
- CPR Certification

These requirements are essential to ensure your preparedness and compliance with agency standards. Please ensure all certifications and tests are completed prior to your start date.

Personal Information:

First name _____ Last Name _____

Birthday ___/___/___ Gender _____ Contact Number _____ Email _____

Current Address: _____

Permanent Address (if different from current address): _____

Emergency Contact Name and Number: _____

Academic Information:

Current Educational Institution: _____

Degree Program: _____ Year of Study: _____ Expected Graduation Date: _____

Relevant Courses Completed: _____

Academic Advisor's Name and Contact Information: _____

Internship Details:

Why are you interested in the Art of Palliative Care internship?

What skills or experiences do you hope to gain from this internship?

Are there specific areas of palliative care you are particularly interested in?

Availability:

Start Date: _____ End Date: _____ Hours per week: _____

References:

Reference 1 Name: _____ Relationship to Applicant: _____

Contact Information: _____

Reference 2 Name: _____ Relationship to Applicant: _____

Contact Information: _____

Additional Information:

Please provide any additional information or documents you feel are relevant to your application. Attach and send them to intake@artofpalliativecare.net.

- Resume
- Cover Letter
- Letters of Recommendation
- Portfolio (if applicable)
- Other: _____

I hereby declare that the information provided in this form is true and accurate to the best of my knowledge.

I agree

Signature: _____

Date: _____