

**EDUC 4858: Community Leadership Experience Placement Information Form**

Please complete & return this form to the Principal, Aboriginal Programs ([chrisha@nipissingu.ca](mailto:chrisha@nipissingu.ca) or fax to 705-472-8601).

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| **Teacher Candidate Information** | |
| Name: | ID#: |
| Telephone (while on placement): | |
| **Emergency Contact Information** | |
| Name: | Telephone: |
| **Organization Information** | |
| Organization Name: | Telephone: |
| Address: | |
| Site Supervisor Name: | Site Supervisor Email: |
| Description of Organization: | |
| List of anticipated placement responsibilities & tasks: | |

# Teacher Candidate Signature: Date:

Site Supervisor Signature: Date: