**Last Name: First Name:**

**York Student ID:**

**Email:**

Use only your @yorku.ca email address on your application. Other email addresses may go into a spam filter.

**Phone (H):**

**Phone (Cell):**

**Mailing Address (include city and postal code) :**

**Department** : PSYC \_\_\_\_\_ KINE \_\_\_\_\_ KINE (psych as minor/major) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Degree Program:** Hons. BA \_\_\_\_\_ Hons. BSc\_\_\_\_\_ BA (3-year) \_\_\_\_\_\_

**As a student at York, are you currently:** full-time \_\_\_\_ part time\_\_\_\_

**What year of your degree are you currently in?** 2nd yr \_\_\_\_ 3rd yr\_\_\_\_ 4th yr \_\_\_\_\_

**Planned enrollments in summer term courses (list courses and credits):**

**List any courses you are taking in the winter academic term:**

**Please provide a CV (resume) as part of this application.** Be sure to include the following:

1. your employment history (all)
2. volunteer experiences
3. awards, honours, certificates (Red Cross, CPR, etc.)
4. relevant workshops attended or other education or training relevant to the field of rehabilitation

For each work or volunteer experience, include details such as the time period (e.g., May 2015-Aug 2015), the number of days or hours per week that you worked, and a brief list (can use bullet points) of your primary duties and responsibilities, especially as they pertain to rehabilitation services.

Examples of **rehabilitation** experience include such things as being a tutor for a learning-disabled child, care attendant in nursing home, assistant in sports medicine clinic, etc.)

Examples of **community** **service** experience related to rehabilitation include such things as childcare, companion for seniors, recreation counselor for youth, camp counselor, teacher, etc.)

See samples of CV entries on next page.

In addition to your CV, describe any other personal experiences that might be relevant to the field of rehabilitation (e.g., having a family member or neighbor with a disability, including specific ways that you were involved with this person). Note that the disability could be physical, emotional, or cognitive.

Do you have any exceptional circumstances (e.g. reduced course load, exchange program, etc.) that will prevent you from enrolling in the program this coming September 2016 and finishing the program requirements within the normal two-year time frame?

If Yes, please describe why:

**Sample CV Entries**

Sample Headings for your CV:

Education History; Work Experience (can break up into paid and unpaid; can also have a separate section for rehab-related work experience); Awards and Honours; Certificates (or Workshops attended or training completed); Special skills and interests

10/15-present **Research assistant** for study of children’s reaction to pain during immunization shots (volunteer);

 Supervisor: Rebecca Pillai-Riddell, PhD

* recorded length of cry when child received shot
* assisted in data entry for PhD student in Dr. Pillai-Riddell’s lab
* ~ 4 hours per week since last October (ongoing)

09/15-present **Peel District School Board** (volunteer)

 Name of school here.

* worked with special needs children during classroom activities, such as reading and crafts.
* aided in supervision during outdoor physical activities and snack times
* worked with a child in SK with behavioural and learning disabilities as well as a child with autism
* work 2-3 hours per week (ongoing)

August 2015 **North York General Hospital** (child and teen unit)(volunteer)

Supervisor: (Name Here)

* ran arts and crafts programs for patients
* visited with parents and/or children on the unit
* worked 15 hours/week for 1 month

09/14-06/15 **Swim instructor** for children with disabilities (volunteer)

 Holland Bloorview Rehabilitation Hospital

 Supervisor: (Name here)

* taught swimming to individual children for 1-hour sessions every week for 8 weeks
* Overall, taught 10 different children in the 8-week sessions.

06/14-09/14 **Clinical assistant** (paid)

 Sports Injury Rehabilitation Centre

 Supervisor: (Name here)

* prepared rehabilitation programs for patients under supervision of sports medicine doctor
* assisted patients with rehabilitation exercises
* assisted doctors with patient appointments, treatments, clinical needs
* field coverage (first-aid) for sport-related activities (soccer)
* worked 10-15 hours per week
1. Describe your professional and career goals. In your response, discuss how completing this program will help you achieve your goals (in other words, why are you applying to this program?)
2. What do you see as your strengths and weaknesses in relation to working in the field of rehabilitation?

Strengths:

Weaknesses

**Referee Information and Consent to Access Transcript**

List the names of two persons who know you well and are willing to write an evaluation of your potential for study and work in the field of rehabilitation. Your referees should be either a current or former: employer, professor, religious leader, volunteer supervisor, teacher, etc. It is preferable to select referees who have had an opportunity to observe you in activities that are relevant to the field of rehabilitation.

First Referee’s Name:

Referee’s Position:

Organization:

Address:

Telephone: E-mail:

Second Referee’s Name:

Referee’s Position:

Organization:

Address:

Telephone: E-mail:

**Note**

**The student applicant is required to email the Referee to complete the Referee Form. The Referee Form can be completed online or as a hard copy.**

**[ ]** Check here for consent to access York University transcript.

Signature and Date