



# EARLY LEARNING AND CHILD CARE DISTANCE PRACTICUM REQUEST FORM

Please complete this form and submit to Robin Smith-Wilson c/o GPRC 10726 106 Ave. Grande Prairie, AB T8V 4C4, Fax 780-539-2751, Email [ELCCOnline@gprc.ab.ca](mailto:ELCCOnline@gprc.ab.ca)

Please type in your information. Once done, you can save the document and email or fax to the information above. Thank you.

Name: \_\_\_\_\_ GPRC Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I am requesting: ***There is no guarantee that we will be able to accommodate your request.***

- CD 1045 Practicum 1: **\*Must have completed/passed** CD1000, CD1050, CD1330
- CD 1145 Practicum 2: **\*Must have completed/passed** all Year 1 courses
- CD 2045 Practicum 3: **\*Must have completed/passed** all Year 1 courses & CD2050, HS1217, CD2380
- CD 2145 Practicum 4: **\*Must have completed/passed** all Year 1 + Year 2 courses  
**\*\*Must produce** First Aid/Infant CPR Certificate

*\*If you are unsure what courses you have completed, please go into myGPRC and check your unofficial transcript for a list of your courses, <https://my.gprc.ab.ca>*

Where did you complete your last practicum? (Indicate age group, pre-school, day care, whether it was a workplace practicum.)

Practicum 1: Age Group:  Preschool  Daycare Workplace Practicum  Yes  No

Program Name  
& Town

Practicum 2: Age Group:  Preschool  Daycare Workplace Practicum  Yes  No

Program Name  
& Town

Practicum 3: Age Group:  Preschool  Daycare Workplace Practicum  Yes  No

Program Name  
& Town

Please check one of the following:

- I am currently not employed. I understand that it is my responsibility to find a practicum site that is willing to accommodate me. Failure to find a workplace practicum will result in no practicum placement.
- I am currently working more than 20 hours a week and request that my practicum be at my workplace

Please complete the following information:

**MUST BE A GOVERNMENT LICENSED PROGRAM**

Child Care Program:

Address:

City/Province:

Postal Code:

Director/Supervisor:

Phone:

Fax:

Email:

Age group with whom you work:

Work hours **with** children:

Total hours per week **with** children:

***Practicum observations will be completed through  
live feed (Zoom, Skype or FaceTime)  
or in person by the instructor if possible***

In which intake/semester would you like to complete this practicum:  
Please check one:

**Tentative Practicum Dates:**

**Practicum Request Submission Deadline Dates:**

- Aug.15, 2020—Nov. 28, 2020  
 Nov.15, 2020—Feb. 28, 2021  
 Feb.15, 2021—May 31, 2021

- June 30, 2020  
September 25, 2020  
December 18, 2020

*Please note that you will receive an email prior to the practicum start date advising you of the status of your application, **and if approved, requesting payment.***

**This email will be sent by the beginning of the month of the selected practicum date.**

**There is no guarantee that we will be able to accommodate your request.**

Student Signature:  
(Typing your name indicates authorization)

Today's Date:  
Day/Month/Year