

The
Hincks-
Dellcrest
Centre.

**Practicum Placement in
Clinical Child Psychology**

Revised: November 2011

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The Setting

The Hincks-Dellcrest Centre is a multidisciplinary, non-profit children's mental health centre located in Toronto, Ontario, Canada. The centre provides primary prevention, early intervention, and treatment services to infants, children, and youth, and to their families and communities. The Centre's services are enriched by activities in research, program evaluation, the education and training of mental health professionals, and the use of volunteers.

Affiliated with the *University of Toronto* and accredited by the *Council on Accreditation for Services to Children and Families*, the Centre is a member of Children's Mental Health Ontario, the Child Welfare League of Canada, and the Child Welfare League of America.

The Centre was formed in 1998 when two Toronto-based children's mental health centres – The C. M. Hincks Treatment Centre and The Dellcrest Children's Centre - amalgamated. Each year, the Centre serves approximately 4000 primary prevention and early intervention clients, 2000 voluntary treatment clients, and 70 mandated clients (youth serving detention or open custody orders). Programs are housed in ten different facilities within the city of Toronto, and include prevention/early intervention programs, outpatient programs, a day treatment program, three residential treatment programs (one of which is located on a farm that is a two-hour drive from the city), and one detention/open custody group home program for youth in trouble with the law, with an associated day program. Treatment services to clients include assessment, individual therapy, family therapy, group therapy, milieu therapy, and parent-child therapy, as well as liaison and consultation with community caregivers (e.g., day care providers, teachers). More detailed information about the Centre's programs and services may be found on the Centre's Website: <http://www.hincksdellcrest.org> .

On average, the Centre has about four hundred personnel at any point in time. This includes full-time staff, part-time staff, contract staff, consultants, trainees from a variety of disciplines (art and expressive arts therapy, child and youth work, early childhood education, nursing, psychiatry, psychology, social work), and volunteers.

The Centre's core values include the following:

We value an approach that builds on diversity of cultural backgrounds and personal and professional experience, enhancing our ability to be creative, flexible, and innovative.

We strive to develop programs that are accessible and responsive to community need, and we seek feedback, advice, and suggestions from clients and the community.

We are committed to evaluation and quality assurance activities that promote continuous improvement in our programs and services.

We value critical inquiry, and a scholarly search for in-depth understanding of emotions and behaviour, and application of current knowledge to the development of best practices.

We support accountability to funders, clients, and the community.

We value the participation of students, and recognize both our role in their development and their contribution to ensuring a stimulating learning environment.

Available Intervention Practicum Placements

Three to four **Intervention Practicum** placements in clinical child psychology generally are available each year to doctoral level graduate students. Two to three of these placements are offered at our Jarvis site and one at our Sheppard site. All practicum placements are based within the Outpatient Department. Practicum placements generally are 11 month, 2 to 2 ½ day a week positions¹ beginning on 01 September and ending on 31 July each year totalling approximately 560 to 700 hours of on-site time.

Practicum students are provided with a common room/shared space at their designated site. Practicum students may be involved in some travel to and the provision of services at one or more of the Centre's eight other locations in the city.

We are not currently offering Assessment Practicum placements.

Practicum Placement Philosophy and Objectives

The primary orientation of the intervention practicum placement is on a developmental and theoretically integrated approach to the clinical assessment and treatment of children and families. In addition, a multidisciplinary approach is integral to the clinical practices of the Centre, and provides practicum students with the opportunity to work with mental health professionals of different backgrounds and with a broad range of interests, knowledge, and skills.

Training goals:

- i.** Develop skills in clinical assessment, diagnosis, and formulation that focus on underlying developmental, psychodynamic, biological, family, and system factors that produce vulnerability to specific symptom formation in children.
- ii.** Develop skills in establishing therapeutic rapport, in cultural competence, and in the ability to communicate assessment and diagnostic information clearly and sensitively to clients.
- iii.** Develop skills in the selection and implementation of appropriate psychotherapeutic interventions with children and their families, integrating elements of theory and practice from contemporary relational psychoanalysis, cognitive science, cognitive behavior therapy, and dynamic systems theory.
- iv.** Expand respect for and critical thought regarding research in the area of children's mental health.
- v.** Develop the skills needed to work collaboratively in a multidisciplinary and organizational service-delivery environment, including an understanding of and respect for the contributions of the various disciplines to children's mental health.
- vi.** Develop skills in applying relevant ethical, legal, and professional standards in their clinical work.

¹ Minimum 2 days; ½ day optional.

The Intervention Practicum Placement Experience

The intervention practicum placement is designed to provide students with the opportunity to become familiar with a broad bio-psychosocial, multi-systemic orientation, utilizing a variety of interventions (individual therapy, family therapy, parent counselling, group therapy, milieu therapy, and community consultation) in accordance with client needs and the training objectives of the student. This is accomplished through direct service activities with Outpatient clients (which includes membership on an interdisciplinary direct service training team), seminars, and/or both individual and group supervision. A sample weekly schedule can be found in *Appendix A*.

Client Contact. A minimum of three hours of face-to-face client contact (in individual, family, and/or group therapy) is expected each week plus weekly participation on one of the multi-disciplinary assessment teams. The nature of the contact at the beginning of the practicum placement depends on the background and previous experience of the student. In the first two months, students receive a high degree of live supervision, and seminars and supervision focus on rapport building with clients and on clinical assessment skills.

Seminars. All psychology practicum students are required to participate in one to two weekly seminars. In consultation with their supervisor, and as consistent with their individualized training goals, students typically choose from the following seminars: Integrative Individual Psychotherapy with Children; Therapeutic Action: Psychological Change Processes; Family Therapy; Assessment and Treatment with Very Young Children; Group Therapy Seminar; and Individual Psychodynamic Therapy with Adolescents.

Interdisciplinary Training Teams. Some of the Centre's services are delivered through specialized interdisciplinary teams that accept psychology practicum students and other trainees as members. In consultation with their supervisor, and as consistent with their individualized training goals, students choose one interdisciplinary training team (typically one of either Latency Age Team I or II; Infant and Preschool Assessment and Treatment Team I or II; Adolescent Clinical Investigation Unit).

Supervision and Performance Evaluation. Supervision is provided in both individual (a minimum of two hours per week) and small group format. Throughout their practicum placement, students are assigned at least one supervisor who is a registered psychologist. This psychologist guides their practicum experience and meets weekly with the student. Due to the broad range of clinical training teams and experience opportunities available, practicum students also might receive team-specific supervision from members of other disciplines (e.g., psychiatry, social work). All of the student's work, however, is discussed with and monitored by the student's psychologist supervisor, with ongoing feedback throughout the year. In consultation with others involved in the student's work, formal performance evaluations are completed by the supervisor at the end of January and at the end of July each year, using both the relevant university's evaluation form and the Centre's "Performance Review" form. Both evaluations are filed in the practicum student's personnel record. The student's psychologist supervisor provides the link between the Centre and the student's university, ensuring that specific university practicum placement expectations are met with regard to training objectives, experience, supervision, and performance evaluation. All practicum students are asked to complete the Centre's "Student/Trainee Exit Interview" upon completion of their placement.

Policies and Procedures. The Centre's Policies and Operational Procedures apply to all personnel associated with the Centre, including psychology practicum students. As part of the contracting process, practicum students receive copies of, and are required to sign an acknowledgment of having read, the following Centre policies: Personnel Code of Ethics; Client Privacy and Confidentiality; and Use of Technology. Advance copies of these policies will be provided on request. Practicum students receive orientation regarding all Centre policies and operational procedures at the beginning of their placement, and ongoing supervision with regard to their implementation. In particular, practicum students are helped to familiarize themselves with the Centre's clinical policies/operational procedures (e.g., Client Privacy and Confidentiality, Client Records, Case Planning, Case Responsibility, Crisis Case Management, Behaviour Management), and with the Centre's human resources policies/operational procedures (e.g., Employment Standards, Personnel Code of Ethics, Workplace Harassment Prevention, Employment Equity, Supervision, Performance Management, Conflict Resolution, Disciplinary Action, Use of Technology). All trainees are required to have a vulnerable-sector police check completed prior to the beginning of their placement.

Complaints and Performance Concerns. Responses to practicum students' concerns about their supervisor or about their practicum experience, and supervisors' concerns about psychology student performance, are guided by the principles of fairness, transparency, and due process, and by the following Centre policies and procedures: Supervision, Performance Management, Conflict Resolution, and Disciplinary Action. The Centre also familiarizes itself with and respects the specific requirements of students' universities with regard to dealing with such matters, including involvement of the university's practicum field supervisor/training director when warranted.

Psychology Personnel

The following psychologist personnel are assigned to provide direct supervision to one or more psychology practicum students each year. (*Appendix B: Selected Publications of Psychology Personnel* provides an overview of supervisors' practice and/or research interests.)

Susan Yabsley, Ph.D., C. Psych. (Anna Freud Centre, University College, London). Psychology Training Leader; Coordinator, Infancy and Preschool Program; Coordinator, Infancy and Preschool Seminar; Psychologist, Birth to Six Program; Psychology Intern Supervisor.

Art Caspary, Ph.D., C. Psych. (University of Waterloo). Psychology Intern Supervisor; Seminar Leader.

Nancy Cohen, Ph.D., C. Psych. (McGill University). Director of Research; Member of Central Management Team; Co-author and Trainer for *Wait, Watch, and Wonder*; Consultant, Children's Language Disabilities.

Sarah Kibblewhite, Ph.D., C. Psych. (University of Windsor). Psychologist, Community Treatment Services and Outpatient Services; Psychology Intern Supervisor.

The following additional Centre personnel are registered psychologists who provide presentations within Centre seminar series and/or are involved with psychology trainees in specialized case consultations, crisis case management, and/or legal/ethical consultations. (*Appendix B: Selected Publications of Psychology Personnel* also provides an overview of these psychologists' practice and/or research interests.)

Robin Alter, Ph.D. C. Psych. (University of Florida). Senior Clinical Consultant, Community Treatment Services; Senior Clinical Consultant, Day Treatment Program; Psychological Assessments, Clinical Services.

Irene Bevc, Ph.D., C. Psych. (York University). Research Associate, Program and Service Evaluation Department; Psychological Assessments, Clinical Services.

Application: Qualifications and Process

Applicants must currently be enrolled in an applied psychology doctoral program. In addition, applicants are expected to have completed coursework in child development and in psychological assessment and psychopathology in infants, children, youth, and families.

Applicants should have considerable interest in a rigorous, theoretically integrated, and developmental approach to assessment and treatment of children and families, as this is the predominant orientation of the Centre.

Interested applicants should send the following:

1. An up-to-date curriculum vitae
2. A one page letter outlining their training objectives
3. Three letters of reference, preferably from psychologists familiar with their clinical work (to be mailed in with original signatures)
4. Official graduate transcripts
5. The *University Authorization Form* (Appendix C) signed by their University's Coordinator of Practicum Placement Training
6. The completed application form (Appendix D)

Please direct application to :

Susan Yabsley, Ph.D., C. Psych.
Psychology Training Director
The Hincks Dellcrest Centre
440 Jarvis Street, Toronto,
Ontario, Canada, M4Y 2H4.

General enquiries should be directed to:

Liz Dinchong
Disciplines Coordinator
The Hincks Dellcrest Centre
440 Jarvis Street, Toronto,
Ontario, Canada, M4Y 2H4.
Telephone: 416.924.1164 x3223
e-mail: ldinchong@hincksdellcrest.org

Practicum placement applications should be **submitted by 01 February**; that is, eight months prior to when the practicum placement would begin (September 1st the same year). Interviews, when indicated, will be scheduled in February with the aim of making final decisions by mid-March.

Appendix A

Sample Weekly Schedule for Psychology Practicum Student

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9 – 10 am			Direct Service – Latency Age Assessment Team	<u>Optional Half-day</u> Indirect service – report writing	Seminar – Integrative Individual Psychotherapy (8:45 – 10:15 am)
10 – 11 am				Seminar – Diagnosis and Formulation (10:30 am – noon)	Indirect service – Internal case conference, chart review
11 – 12 am					Indirect service – report writing
Noon – 1 pm			Lunch break	Lunch Break	Rounds
1 – 2 pm			Seminar – Clinical Theory		Indirect service – Preparation for supervision (e.g., review process notes)
2 – 3 pm			Indirect service – Reading or writing reports for Latency Age team		Indirect service – report writing
3 – 4 pm			Individual supervision		Individual Supervision
4 – 5 pm			Direct service – Family therapy		Direct service – Individual parent counseling
5 – 6 pm			Direct service – Individual play therapy		

Appendix B

Selected Publications of Psychology Personnel

Alter, R. (In press.) *Taming the anxiety monster: Overcoming childhood anxieties and fears – A guide for parents and therapists.*

Atkinson, L., **Bevc, I.**, Dickens, S., & Blackwell, J. (1992). Concurrent validities of the Stanford-Binet (Fourth Edition), Leiter, and Vineland with developmentally delayed children. *Journal of School Psychology, 30*, 165-173.

Baradon, T., Sinason, V., & **Yabsley, S.** (1999). Assessment of parents and young children (Children Act 1989): A child psychotherapy point of view. *Child: Care, Health and Development, 25*, 37-53.

Barwick, M. A., **Cohen, N. J.** Hordezsky, N., and Lojkasek, M. Infant communication and the mother-child relationship: The importance of level of risk and construct measurement. *Infant Mental Health Journal, 25*, 240-266.

Beitchman, J. H., **Cohen, N. J.**, Konstantareas, M. M., & Tannock, R. (1996). *Language learning and behaviour disorders.* Cambridge, UK: Cambridge University Press.

Bevc, I., & Silverman, I. (1993). Early proximity and intimacy between siblings and incestuous behaviour: A test of the Westermarck theory. *Ethology and Sociobiology, 14*, 171-181.

Bevc, I., & Silverman, I. (2000). Early separation and sibling incest: A test of the revised Westermarck theory. *Evolution and Human Behavior, 21*, 151-161.

Casparly, A. (1993). Aspects of the therapeutic action in child analytic treatment. *Psychoanalytic Psychology, 10*, 207-220.

Casparly, A. (2002). The Conformist: Psychoanalytic perspectives on fascism. *Canadian Journal of Psychoanalysis, 10*, 151-131.

Cohen, N. J. (1994). The protective role of daycare for mainstreamed high-risk infants and preschoolers, *Canadian Journal of Community Mental Health. Special Issue: Prevention: Focus on Children and Youth, 13*, 61-76.

Cohen, N. J. (2001). *Language impairment and psychopathology in infants, children, and adolescents.* New York, NY: Sage Publications.

Cohen, N. J. (2001). TLC³: A national initiative to enhance the language and cognitive development of children 0-5 years. *Journal of Speech and Language Pathology and Audiology, 25*, 103-113.

Cohen, N. J. (2002). Adoption. In M. Rutter & E. Taylor (Eds.), *Child and Adolescent Psychiatry: Modern approaches.* (pp. 373-381). Oxford, UK: Blackwell Science.

Cohen, N. J. (2002). Developmental language disorder. In P. Howlin & O. Udwin (Eds.), *Outcomes in*

neurodevelopmental and genetic disorders. (pp.26-55).Cambridge, UK: Cambridge University Press.

Cohen, N. J., Barwick, M., Horodezky, N. B., & Isaacson, L. (1996). Comorbidity of language and social-emotional disorders: Comparison of psychiatric outpatients and their siblings. *Journal of Clinical Child Psychology, 25,* 192-200.

Cohen, N. J., Coyne, J. C. & Duvall, J. (1993). Adopted and biological children in the clinic: Family, parental and child characteristics, *Journal of Child Psychology and Psychiatry, 34,* 545-562.

Cohen, N. J., Davine, M., Horodezky, N., Lipsett, L., & Isaacson, L. (1993). Unsuspected language impairment in psychiatrically disturbed children: Prevalence and language and behavioral characteristics. *Journal of the American Academy of Child and Adolescent Psychiatry, 32,* 595-603.

Cohen, N. J., & Duvall, J. D. (1996). *The Family Attachment Program: An innovative program for working with families adopting older children.* Toronto, ON: The Hincks-Dellcrest Gail Appel Institute.

Cohen, N. J., Lojkasek, M., Muir, E., Muir, R., & Parker, C. J. (2002). Six month follow-up of two mother-infant psychotherapies: Convergence of therapeutic outcomes. *Infant Mental Health Journal 23,* 361-380.

Cohen, N. J., Muir, E., &Lojkasek, M.. (2003). The first couple: Using Watch, Wait, and Wonder to change troubled mother-infant relationships. In. S. M. Johnson & V. Whiffen (Eds.), *Attachment: A perspective for couple and family intervention.* (pp. 215-233). New York, NY: Guilford Press.

Cohen, N. J., Vallance, D. D., Barwick, M., Im, N., Menna, R., Horodezky, N. B., & Isaacson L. (2000). The interface between ADHD and language impairment: An examination of language, achievement, and cognitive processing. *Journal of Child Psychology and Psychiatry, 41,* 353-362.

Crishna, B., Sinason, V., & **Yabsley, S.** (1999). What is community-based rehabilitation? A view from experience. *Child: Care, Health and Development, 25,* 27-35.

D. Day, **I. Bevc,** F.Theodor, J. Rosenthal, T. Duchesne. (2008) Change and Continuity in Criminal Offending: Criminal Trajectories of the Toronto Sample. Report submitted to the Ministry of Children and Youth Services.

Day, D. M., **Bevc I.,** Duchesne, T., Rosenthal, J. S., Sun, Y., & Theodor, F. Criminal trajectories from adolescence to adulthood in an Ontario sample of offenders. In G. Bourgon, R.K. Hanson, J.D. Pozzulo, K.E. Morton Bourgon, & C.L. Tanasichuk (Eds.), *The Proceedings of the 2007 North American Correctional & Criminal Justice Psychology Conference (User Report).* Ottawa: Public Safety Canada.

Day, D., **Bevc, I.,** Duchesne, T., Rosenthal, Sun, Y., & Theodor, F. (2007). *Criminal trajectories from adolescence to adulthood in an Ontario sample of offenders.* Poster presented at the North American Correctional and Criminal Justice Psychology Conference (NACCJPC), Ottawa, ON.

Day, D., **Bevc, I.,** Duchesne, T., Rosenthal, J., Rossman, L., & Theodor, F. (2007). Comparison of adult offense prediction methods based on juvenile offense trajectories using cross-validation. *Advances and Applications in Statistics, 7(1),* 1-46.

Frankel, M., & **Sinclair, C.** (1982). Quality assurance: An approach to accountability in a mental health center. *Professional Psychology: Research and Practice*, 13, 79-84.

Hakim-Larson, J., **Kibblewhite, S.J.**, Babb, K., Voelker, S., Goodwin, J. & Lee, C. (in preparation). *Mothers' reasons for reading to their preschool children.*

Husain, N., **Bevc, I.**, Husain, M., Chaudhry, I. B., Atif, N., & Rahman, A. (2006). Prevalence and social correlates of postnatal depression in a low income country. *Archives of Women's Mental Health*, 9, 197-202.

Lojkasek, M, **Cohen, N. J.**, & Muir, E. (1994). Where is the infant in infant intervention? A review of the literature on changing troubled mother-infant relationships. *Psychotherapy*, 31, 208-220.

Kershner, J., **Cohen, N. J.**, & Coyne, J. (1996). Expressed emotion in families of clinically referred and non-referred children: Toward a further understanding of the expressed emotional index. *Journal of Family Psychology*, 10, 97-106.

Martin, F., & **Cohen, N.** (2003) Nurturing Creativity: Learning from the TLC experience. *Ideas*, Fall, 19-21.

Menna, R., & **Cohen, N. J.** (1997). Social perspective taking. In W. E. Piper, & M. McCallum (Eds.), *Psychological mindedness*. Hillsdale: Lawrence Erlbaum.

Muir, E., Lojkasek, M., & **Cohen, N. J.** (1999). *Watch, Wait, and Wonder: A manual describing a dyadic infant-led approach to problems in infancy and early childhood*. Toronto, ON: Hincks-Dellcrest Gail Appel Institute.

Pettifor, J. L., & **Sinclair, C.** (2005). The role of dialogue in defining ethical principles: The Canadian Code of Ethics for Psychologists. *Journal of Constructivist Psychology*, 18, 183-197.

Silverman, I., & **Bevc, I.** (2005). Evolutionary origins and ontogenic development of incest avoidance. In B. J. Ellis and D. F., Bjorkland (Eds.), *Origins of the social mind: Evolutionary psychology and child development*. (pp. 292-313). New York, NY: Guilford Press.

Sinclair, C. (1980). Standards as a vehicle of accountability. *Canadian Psychology*, 21, 1-6.

Sinclair, C. (1993). Codes of ethics and standards of practice. In K. S. Dobson & D. J. G. Dobson (Eds.), *Professional psychology in Canada*. (pp. 167-199). San Francisco, CA: Hognrefe & Huber Publishers.

Sinclair, C. (1998). Nine unique features of the Canadian Code of Ethics for Psychologists. *Canadian Psychology*, 39, 167-176.

Sinclair, C. (1996). A comparison of codes of professional conduct and ethics. In L. J. Bass, S. T. DeMers, et al. (Eds.), *Professional conduct and discipline in psychology*. (pp. 53-70). Washington, DC: American Psychological Association.

Sinclair, C. (2000). Changes to the Child and Family Services Act. *Psychology Ontario*, 32, No. 3 (Fall), 5-6.

Sinclair, C. (2008). A brief history of ethical principles in professional codes of ethics. In D. Wedding & M. J. Stevens (Eds.), *Psychology: IUPsyS Global Resource* [CD-ROM]. Hove, East Sussex, UK: Psychology Press.

Sinclair, C. (2004). Third party relationships and the *Canadian Code of Ethics for Psychologists*. *Psychology Ontario*, 36 (No.2), 13-15.

Sinclair, C. (2008). The eastern roots of ethical principles and values. In D. Wedding & M. J. Stevens (Eds.), *Psychology: IUPsyS Global Resource* [CD-ROM]. Hove, East Sussex, UK: Psychology Press.

Sinclair, C. (2006). *Being an ethical psychologist*. Web-based course. Ottawa, ON: Canadian Psychological Association. (<http://www.cpa.ca> or <http://www.captus.com>)

Sinclair, C., Poizner, S., Gilmour-Barrett, K., & Randall D. (1987). The development of a code of ethics for Canadian psychologists. *Canadian Psychology*, 28, 1-8.

Sinclair, C. & Pettifor, J. (Eds.). (2001). *Companion manual to the Canadian Code of Ethics for Psychologists, Third Edition*. Ottawa, ON: Canadian Psychological Association.

Sinclair, C., Simon, N. P., & Pettifor, J. L. (1996). The history of ethical codes and licensure. In L. J. Bass, S. T. DeMers, et al. (Eds.), *Professional conduct and discipline in psychology*. (pp. 1-15). Washington, DC: American Psychological Association.

Singh, D., Deogracias, J.J., Johnson, L.L., Bradley, **S.J., Kibblewhite, S.J.,** Meyer-Bahlburg, H.F.L. & Zucker, K.J. (in press). The gender identity/gender dysphoria questionnaire for adolescents and adults: Further validity evidence. *The Journal of Sex Research*.

A. Ward, D. Day & **I. Bevc.** (2009) Prediction of Criminal Behaviour from Juvenile Risk and Protective Factors. Poster presented at the American Psychological Association (APA) Conference, Toronto, ON.

Woolgar, M., Steele, H., Steele, M., **Yabsley, S.,** & Fonagy, P. (2001). Children's play narrative responses to hypothetical dilemmas and their awareness of moral emotions. *British Journal of Developmental Psychology*, 19, 115-128.

Zucker, K.J., Bradley, S.J., Owen-Anderson, A. **Kibblewhite, S.J.** & Cantor, J.M. (2008) Is gender identity disorder in adolescents coming out of the closet ? [letter to the editor]. *Journal of Sex & Marital Therapy*, 34, 287 – 290.

Appendix C

The Hincks Dellcrest Centre

UNIVERSITY AUTHORIZATION FORM

I, _____
(Print Name of University Director of Practicum Training)

at _____
(Print Name of University)

have discussed and approve the application of:

(Print Name of Graduate Student in Psychology)

for a clinical practicum placement to begin next September at The Hincks-Dellcrest Centre.

(Print Name of University Director of Practicum Training)

(Signature of University Director of Practicum Training)

*This form should be included with the other required application materials sent by the practicum placement applicant to:
Dr. Susan Yabsley, Psychology Training Leader, The Hincks-Dellcrest Centre, 440 Jarvis Street, Toronto, Ontario, Canada,
M4Y 2H4.*

Appendix D

The Hincks Dellcrest Centre

Psychology Intervention Practicum Placement Application Form

Applications due on or before 01 February

A. General Information

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Citizenship status: _____

B. Education Background

University	Dates of Attendance	Major	Degree granted/ Expected date of completion
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Additional training practicum placements; please list and describe

D. Director of Clinical Training at your Institution

Name: _____

University/Institution: _____

Address: _____

Telephone number: _____

E-mail: _____