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| **Internship Application** | Providing quality music therapy and educational  services throughout New Brunswick since 2008 |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | | First | | |  | | | | | | | | | | | Middle | | |  |
| Street Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| City/Town | |  | | | | | | | | | | Prov. | | | |  | | | | | | | | Postal Code | | | |  | |
| Date of Birth | | |  | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | |
| Email Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred Internship Start Date | | | | | |  | | | | | | | | Anticipated Internship End Date | | | | | | | | | | | | |  | | |
| Have you ever been convicted of a felony? | | | | | | | | | YES \_\_\_ | NO \_\_\_ | | | | | | If yes, explain | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School |  | | | | | | | | | Address | | | | | |  | | | | | | | | | | | | | |
| From |  | | | | | | | | | | | | To |  | | | | | | | | | | | | | | | |
| University |  | | | | | | | | | Address | | | | | |  | | | | | | | | | | | | | |
| From |  | | | | | | To |  | | | | | | | | | | | Degree | | |  | | | | | | | |
| Other |  | | | | | | | | | | Address | | | | | |  | | | | | | | | | | | | |
| From |  | | | | | | To |  | | | | | | | | | | | Degree | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list at least two references--one professional and one personal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROFESSIONAL REFERENCE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | | | | | | | | | Relationship | | | |  | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | Address | | | |  | | | | |
| Phone/Email | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL REFERENCE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | | | | | | | | | Relationship | | | |  | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | Address | | | |  | | | | |
| Phone/Email | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL REFERENCE (optional): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | |  | | | | | | | | | | | | | | | | Relationship | | | | |  | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | Address | | | | |  | | | | |
| Phone/Email | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Skills & Preferences | | | | | | | | | | |
| Principal Instrument | |  | | | | | | | | |
| Level of Accomplishment (i.e. RCM Grade Level) | | | |  | | | | | | |
| Secondary Instrument | |  | | | | | | | | |
| Level of Accomplishment | |  | | | | | | | | |
| Other Instruments & Levels of Accomplishment | | | |  | | | | | | |
|  | | | | | | | | | | |
| Preferred Client Populations/Areas of Interest | | | |  | | | | | | |
| Interns may choose to take on full-time or part-time hours, to accommodate a paying part-time job while completing the internship. How many hours per week, ideally, would you like to participate in as an intern (approximately)? | | | Clinical: \_\_\_\_\_\_\_\_\_ hours  Supervision: \_\_\_\_\_\_\_\_\_\_ hours | | | Planning, documentation, etc.: \_\_\_\_\_\_\_\_\_ hours  TOTAL: \_\_\_\_\_\_\_\_\_ HOURS PER WEEK | | | | |
| Additional Comments: | | | | | | | | | | |
| Will you have access to a vehicle during your internship? | | | | | YES \_\_\_\_\_\_\_\_ | | | | NO \_\_\_\_\_\_\_\_ | |
| Are you currently certified in Workplace Standard First Aid/CPR? | | | | | YES \_\_\_\_\_\_\_\_ | | | | NO \_\_\_\_\_\_\_\_ | |
| \*If yes, please attach proof of certification.  If no, please specify date and location of training  (must be certified prior to commencement of clinical work). | | | | |  | | |  | | |
| What would you identify as your three most important professional strengths?  1)  2)  3)  What would you identify as your three most important personal strengths?  1)  2)  3)  What are your three main goals for your internship?  1)  2)  3)  How do you feel this internship placement will help you to attain these goals?  Briefly explain why you feel this internship position would be a good fit for you.  Please give a brief outline of your post-internship plans. Where do you hope to work, and with what population(s)? | | | | | | | | | | |
| DECLARATION and Signature | | | | | | | | | | |
| I declare that my answers are true and complete to the best of my knowledge. If this application leads to attainment of this position, I understand that false or misleading information in my application or interview may result in my release. | | | | | | | | | | |
| Signature |  | | | | | | Date | | |  |

**In addition to completing the above application form, all applicants are asked to submit the following:**

* Curriculum vitae
* University transcripts
* One reference letter from an MTA who is familiar with the applicant’s clinical work (e.g. practicum supervisor)

**Prior to commencement of the internship, successful applicants will also be required to:**

* Provide a Criminal Record check including Vulnerable Sector screening
* Provide proof of professional liability insurance
* Provide proof of First Aid & CPR certification
* Sign a confidentiality agreement

Please mail application and other required materials to the following address:

Arpeggio Music Therapy

19 Carleton Street

St. George, NB

E5C 3B6

Applications must be received by July 1st for a September start. Applicants will be contacted by July 15th for an interview (phone or Skype interview can be arranged if the intern is unable to travel to the area). Please note that alternate start dates may be available upon request from the applicant.

Thank you for your interest in this position! ☺