



Child Care Practicum/Observation Request Form

Please complete this form to request placement for a practicum or observation opportunity in a BNH child care centre. Email completed forms to: saras@burnabynh.ca

Student Information

- Full Name: _____
- Phone Number: _____
- Email Address: _____

Academic Information

- Name of School: _____
- Practicum Advisor Name: _____
- Practicum Advisor Phone/Email: _____

Placement Details

- Requested Start Date (DD/MM/YYYY): ____ / ____ / ____
- Requested End Date (DD/MM/YYYY): ____ / ____ / ____
- Number of Hours Required Each Day: _____
- Total Number of Hours Required: _____

Additional Notes (Optional):

Student Signature: _____

Date (DD/MM/YYYY): ____ / ____ / ____

CARE

CONNECT

ENGAGE

BELONG

SOUTH HOUSE: 4460 Beresford St. Burnaby, BC V5H 0B8 P: 604-431-0400 info@burnabynh.ca
NORTH HOUSE: 4908 Hastings St. Burnaby, BC V5B 1P6 P: 604-294-5444 northinfo@burnabynh.ca
BRENTWOOD: 2055 Rosser Ave. Burnaby, BC V5C 5Y1 P: 604-299-5778 info@bbysservices.ca

www.burnabynh.ca