



# Children and Adults with Challenges Workshop & Clinic

August 8-25, 2008



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## Application form for Integration Specialists, Associates, Volunteers and Observers

Please send this form to: Gayle Buchner Box 96 Winlaw, BC V0G 2J0,  
[gaylee@uniserve.com](mailto:gaylee@uniserve.com)

Please make cheques payable to: Polina Home Society

Please fill in all areas – print or type We will confirm receipt of your application by email as soon as it arrives. Since the number of positions is limited, we will notify you within two weeks of receiving your application if we can provide this opportunity for you at our first Canadian conference. Thank you for your interest and patience.

1. Name \_\_\_\_\_

2. Address (full mail, e-mail) \_\_\_\_\_

\_\_\_\_\_

Zip code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

3. Profession \_\_\_\_\_

Education \_\_\_\_\_

\_\_\_\_\_

Certifications/Degrees held \_\_\_\_\_

4. Languages spoken? \_\_\_\_\_

5. What is your level of spoken English?  Beginner  Conversant  Fluent

6. Number of identity card / passport \_\_\_\_\_ Country \_\_\_\_\_

7. How long have you worked in your profession? \_\_\_\_\_

8. What is the age range of children you have worked with? \_\_\_\_\_

9. The results of your work (2-3 sentences)

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10. What new and innovative methods do you know?

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11. What is your goal for your professional growth ?

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12. What are your expectations for working with the parents and children?

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13. What are your expectations for working on a team with other therapists?

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14. What courses and/or camps have you completed with Dr. Masgutova?  
Please list titles and dates

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13. Do you have the required insurance for hands-on work with clients?  Yes  No

Is your insurance from a Canadian company or one that enables you to work with clients in Canada?  Yes  No

Please list your insurance provider and insurance number: \_\_\_\_\_

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Signature

Date