



# Banner Children's at Banner Thunderbird Medical Center CHILD LIFE PRACTICUM APPLICATION

Please return completed application by March 13th to:

Colleen Fahey Child Life Dept. 5555 W. Thunderbird Rd. Glendale, AZ 85306

\*Application must be post-marked by due date. If you have digital copies of all required documents, you can email all of your forms to <u>colleen.fahey@bannerhealth.com</u> by the stated due date.

#### STUDENT APPLICANT REQUIREMENTS

- Must be working towards or completed a degree in child development or related field
- Completed or currently enrolled in class taught by certified child life specialist, or currently enrolled in a Child Life program at college or university
- Completed minimum of 4 classes in child life, child development, psychology or related field
- Minimum GPA of 3.0 on 4.0 scale
- 100 hours of experience working with children in any environment
- Preferred experience working or volunteering with children in a hospital environment

#### **APPLICATION REQUIREMENTS**

- Completed application
- Resume and cover letter
- Educational Transcripts (Official transcripts are not required)
- Three (3) non-related references
- One (1) letter of recommendation from a supervisor who has observed your interactions with children -may be from 1 of the 3 references provided
- Proof of hours on verification form working with well or hospitalized children -separate forms required for each setting at which hours were earned

Note: Practicum only offered as independent study at this time; no university affiliated course credit earned.





Name:		Phone:	
Address:			
City:	State:		Zip:
Email Address:			
COLLEGE EDUCATION			
Institution			
Major/Degree			

Graduation Date	GPA
Institution	
Major/Degree	
Graduation Date	GPA
Institution	

Graduation Date		

Major/Degree

GPA





# **RELATED WORK WITH CHILDREN**

Site

Age of Children

Responsibilities

Date Range

Site

Age of Children

Responsibilities

Date Range

Site

Age of Children

Responsibilities

Date Range





# **REFERENCE CONTACT INFORMATION**

Name

**Relationship to Applicant** 

**Phone Number** 

**Email Address** 

Name

**Relationship to Applicant** 

**Phone Number** 

**Email Address** 

Name

**Relationship to Applicant** 

Phone Number

Email Address





Why are you interested in the child life practicum student position at Banner Thunderbird?

What qualities and skills do you possess that would make you a good fit for this position?





Please describe your experience working with children.

What skills do you hope to gain by the completion of your practicum experience?





# SUPERVISED HOURS WORKING WITH CHILDREN - VERIFICATION FORM

Reminder: separate forms required for each setting hours earned at.

Applicant's Name

Institution at which hours were completed

Number of hours completed

Type of experience – check one

Working with well children

Working with children in a healthcare environment

Working with children with special needs

This applicant's experience included (please list typical duties and types of interactions applicant experienced with children):

Signature and credentials

Printed name

Title at institution

Date

Phone Number





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