

# SOUTH PACIFIC PRIVATE

## Internship Application Form

Full Name:  Preferred name:

Address:

Mobile:  Email:

Educational Institution Name:

Educational Institution Referee Name:  Contact Number:

Qualifications:

Clinical Supervisor Name:  Contact Number:

Do you have previous experience as an Intern, if so where?

How did you find out about our Intern Program?

Have you ever been a client of South Pacific Private? Yes  No

If yes, please provide date.

Have you previously had treatment for a mental health or psychiatric issue? Yes  No

If yes, please provide details.

Are you currently taking any prescription medications? Yes  No

If yes, please provide details.

  

Are you in recovery from an addiction or mood disorder? Yes  No

If yes, please provide details and include length of abstinence if applicable.

Do you have any health or physical concerns or limitations where you may require extra support from us? Yes  No

If yes, please provide details.

  

Do you have a Criminal History? Yes  No

If yes, please provide details

  

Why would you like to do an Internship at South Pacific Private?

  
  

Next of Kin Name:

Next of Kin Contact Number:

**The following will be required at the interview stage:**

- Passport sized photo
- Copies of qualifications or transcript relevant to this sector
- Police check
- Working with children check
- Reference from educational institution