



"Creative Solutions for Life"

Head Office:

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ROS Registration Number: 1751-11-PPG

Registering for Clinical Placement and Internship at CCAT

Please complete this form in type or in black ink. If there is insufficient space for your information continue on a separate sheet of paper.

| Section A | Personal Information and Contact Details | | |
|--|--|------------------------|--|
| First Name | | Last Name (Surname) | |
| Gender | | Age | |
| Address 1 | | | |
| Address 2 | | | |
| State | | Post Code | |
| Telephone | | Handphone | |
| Email | | | |
| <i>Person to contact in case of emergency:</i> | | | |
| Name | | Relationship | |
| Telephone | | Handphone | |

| Section B | Educational Background and Qualifications | | |
|--|--|----------------------|-----------------------|
| <i>Start with the highest qualification.</i> | | | |
| Level of Education Certificate/ Diploma/Degree & the subject | Institution Attended School/College/University) | From Month & year | To Month & Year |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| CPD Modules, Short Courses, Training Workshops, Seminars etc | | | |
|--|--------------------|----------|--------------|
| Type of Training | Training Providers | Duration | Month & Year |
| | | | |
| | | | |
| | | | |
| | | | |

| Section C | | Employment and Working Experience | | | |
|---|-------------------------|-----------------------------------|-----------------|--------|---------|
| <i>Start with the most recent employment/work experience</i> | | | | | |
| Organisation | Position | From Month & year | To Month & Year | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Other Voluntary/Community Work Experience | | | | | |
| Organisation | Role/Type of Experience | From Month & year | To Month & Year | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Languages and Dialects (Please tick those which you may consider to be fluent in) | | | | | |
| | Spoken | Written | | Spoken | Written |
| English | | | Bahasa Malaysia | | |
| Mandarin | | | Tamil | | |
| <i>Other Languages (please specify below)</i> | | | | | |
| | | | | | |
| <i>Include any other dialects below</i> | | | | | |
| | | | | | |

| Section D | | Placement/Internship Requirements | |
|--|--------------|---|----------------|
| <i>Please provide a copy of your programme handbook which outlines the details of your placement requirements</i> | | | |
| State the period which you require the placement/internship to commence and its end date. | | | |
| From: | | To: | |
| Provide a breakdown of the total number of hours required and the content of the activity | | | |
| Activity | Hours | Activity | Hours |
| | | | |
| | | | |
| | | | |
| State any evaluation and/or assessment reports required from CCAT | | | |
| 1 | | | By when |
| 2 | | | |
| Section E | | Contact information the academic institution | |
| <i>Please provide details and contact information of your course tutor/programme leader/ placement manager/research/academic supervisor as appropriate, and has a designated responsibility for your placement.</i> | | | |
| Name | | Position | |
| Address | | | |
| Telephone | | | |
| Email: | | | |
| | | | |
| Section C | | Declaration | |
| I declare that the personal information that I have provided is true and correct. I understand that my placement/internship will be terminated if I have knowingly made any false entries or willful omission in this form. I also hereby declare that I have not at any time, whether in Malaysia or abroad, been found guilty for a criminal offence that would prohibit me from working with children and vulnerable adults. I agree as an intern/student on placement at CCAT to abide by CCAT Ethical Code of Practice and adhere to its Practice Guidelines. | | | |
| Signed | | | |
| Print Name | | Dated | |

| FOR OFFICE USE ONLY | |
|--|----------------|
| Date when completed form was received: | |
| Interview scheduled and any outstanding actions pending: | |
| Date communicated to applicant: | Signed off by: |

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