



Sparkle Therapy Centre

Unit 11, First Floor, Block A, Mim-Nun Jaya Complex, Jalan Bebatik Kilanas
Tel: +673-8391407 IG: Sparkle Therapy Centre

APPLICATION FORM FOR STUDENT ATTACHMENT

Thank you for your interest in doing a student attachment in Sparkle Therapy Centre. Please fill in and complete this application form in order for us to consider details of your request.

Applications will be considered based on availability of the therapist at Sparkle Therapy Centre. You will be informed of the result of your application as soon as possible via email or WhatsApp text. We ask that applicants apply as early as possible to avoid disappointment.

Please complete the form below.

Date: _____

Full Name:			
Date of Birth:		Age:	
Gender:		IC Number:	
Nationality:		Languages you are fluent in:	
Email Address:		Phone number:	
School / University / Institute:		Year of study:	
Course at University / Institute:		Requested date of attachment	
How did you find out about Sparkle Therapy Centre? 			
Purpose of attachment: 			



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Please tell us if you have previously been attached to any government / private health sector. If yes, please specify.

Further information you would like to add.

IMPORTANT

1. Your information should be current as we need to be able to reach you or inform you of any changes.
2. Do apply at least two (2) weeks in advance from intended date. Please note, your requested attachment period is subject to approval.
3. Do adhere to confidentiality
4. If this is an official elective period from the university, please send a letter from the university stating what it is they require as learning objectives and any assessments needed.
5. Please enclose the learning objectives and purpose of your clinical attachment.
6. Please also enclose a copy of any supervising tutor assessment forms requiring to be filled by us, and details of any formal syllabus of the attachment or projects which the university or school expects you to complete during this period.
7. Note that students are responsible for their own travel arrangements, medical indemnity insurance and accommodation.
8. All information pertaining to the clients seen / discussed / shared in Sparkle Therapy Centre shall remain confidential. No part of it will be shared / published including name, address, description, picture, video etc without expressed permission from the client / client's parents.

Student's Signature: _____ Date: _____

Student's name: _____

Administration only

Date of application received:		Confirmed dates to attend:	
Checked by:		Supervised by:	