



**SHAW MEDIA INTERNSHIPS
FOR STUDENTS WITH PERMANENT PHYSICAL DISABILITIES**

Application Form

Personal Information:

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Fax: _____ email: _____

Name and address of current educational institute and graduation date:

Please list any broadcast experience and/or related activities and interests (employment, volunteer work, school program or courses, etc.), specify dates – attach additional sheets if necessary.

In support of your application, please submit all of the following:

- Completed application form;
- Copy of official transcript of most recent marks and/or resume of recent or relevant work experience (for mature students);
- Proof of current registration in a full-time radio and television arts or journalism program at an accredited Canadian post-secondary institution;
- One page typewritten statement of approximately 500 words outlining your education and career goals;
- Three typewritten letters of reference (including contact info);
- Completed Health Care provider information form.

I submit the above information is accurate and authorize Shaw Media to verify the information provided. I acknowledge that I have read the terms and conditions of the 2012 Shaw Media Internships for Students with Permanent Physical Disabilities.

Applicant's Signature: _____

Date: _____

Send completed application and all supporting materials must be received by 5pm on March 19th, 2012 to:

Shaw Media Internships: Shaw Media
181 Bay Street
Suite 4210
Toronto, Ont. M5J 2T3

By email: disabilityinternships@shawmedia.ca

ACCOUNTABLE BALANCE CUSTOMER FOCUSED INTEGRITY LOYALTY POSITIVE, CAN DO ATTITUDE TEAM PLAYER



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HEALTH CARE PROVIDER INFORMATION

Name of Applicant: _____

Name of Authorized Health Care Provider:

Registration Number (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ email: _____

Disability: _____

Please indicate (v) the category of Authorized Health Care Provider:

- Physician
- Nurse (RN or RNA)
- Social Worker
- Occupational Therapist
- Physiotherapist
- Audiologist
- Ophthalmologist
- Psychiatrist
- Executive Director of a Disability
- Service Provider
- Behavioral Consultant (only British Columbia applicants)

PRIVACY:

Shaw Media is committed to protecting the privacy, confidentiality, accuracy and security of any personal information that we collect, use, retain and disclose in the course of the services we offer.

I hereby certify that the applicant is a person with a permanent disability and this applicant is a client/patient of mine.

Health Care Provider's Signature _____

Date: _____