

CHTA Internship Site Profile

Name of facility/agency:

Address:

Phone/fax/email:

Name of internship supervisor:

Job title:

Education:

Horticultural Therapy qualifications:

Immediate site supervisor:

Which special population(s) are being served:

Psychiatric/geriatric/mental disabilities/physical disabilities/sensory impairments/addictions/other

What do you call the people you serve?

Patients/clients/residents/consumers/participants/community members

How long has your facility /agency been in existence?

What forms of programming does your facility/agency offer?

Since when has Horticultural Therapy been part of programming?

To which of the three models of Horticultural Therapy does your facility/agency belong?

Medical Model

Vocational Model

Social/wellness Model

What form do Horticultural Therapy sessions take?

Frequency/duration/group size/ environment

Description of facilities available for Horticultural Therapy programming:

Greenhouse: size/year round use/accessible/types of crops grown

Outdoor garden: size/accessible

Indoor space: size/facilities/accessible

Special natural neighbourhood attractions or accessible features

Other

Internship particulars:

Dates internship available:

Financial arrangements this facility/agency is offering:

Intern will receive pay

Some expenses will be covered

Intern will be required to pay tuition

Level of assistance in finding a housing arrangement

Has this facility/agency trained interns in other professions?

What level of support does management give the supervisor to train a Horticultural therapy intern?

Please elaborate on any points that make your facility/agency a unique training site.

Please include a brochure/published article/ of your facility/agency if possible.

Thank you very much!