INSTRUCTIONS
1. Students must have 60 units completed prior to commencing KNES 441.
2. Review available practicum placements and contact the on-site supervisor listed at the bottom of the placement description.
3. Bring a copy of this application form and your academic schedule with you to the interview.
4. Arrange a mutually agreed upon work schedule that disperses the required 60-72 hours evenly throughout the term. (i.e. 5-6 hours/week during fall/winter; 10-12 hours/week during spring). Hours must be completed within the term.
5. Supervisor and student complete both pages of this form and student submits it to knesinfo@ucalgary.ca before the deadline. Students may participate in three practicum placements, but no more than two may be at the same location.

Practicum Term
☐ Fall ______ (year)  ☐ Winter ______ (year)  ☐ Spring ______ (year)

Student Information
Name: UCID:
Phone Number: Email: @ucalgary.ca

Student Practicum Expectations: Why have you chosen this placement? How do you hope to expand and explore your knowledge and skillset?

Code of Conduct
Students are responsible for compliance with the University of Calgary’s code of Conduct.

☐ Yes ☐ No I have read and understood the University of Calgary’s code of Conduct.

☐ Yes ☐ No Do you have a pre-existing relationship(s) with person(s) or group(s) associated with this practicum placement?
If yes, please briefly explain the nature of the relationship:

I agree that:
• No salary or payment will be received based upon my participation in any or all of KNES 441-443-445.
• I must return all site materials (failing to return materials will result in a final grade of “F”)
• I will be punctual throughout my placement (on or off-campus) and will adequately notify the On-Site Supervisor about any absence(s).

If the above expectations are not met, the Faculty may terminate the student’s practicum registration or assign them a final grade of “F”.

Start Date (after first day of lectures) End Date (before last day of lectures)

☐ Yes ☐ No I agree with the above-mentioned terms and conditions.

Student’s Signature: Date:

On-Site Supervisor Information
Name: Organization: Phone: Email:

On-Site Supervisor’s Signature: Date:

Faculty Use Only
20 HCE completed by practicum start? ☐ Yes ☐ No In good standing? ☐ Yes ☐ No KNES 373 completed? ☐ Yes ☐ No
Enrolled in previous practicums? ☐ Yes ☐ No 1. Course # _____ Term _____ 2. Course # _____ Term _____ 3. Course # _____ Term _____
Approved: ☐ Yes ☐ No NOTES: Advisor initials: Date:

Practicum Title: KNES 44 ___ Staff Signature:
CONFIDENTIALITY AGREEMENT

THIS AGREEMENT is made as of the ___ day of __________, 20 __.

BETWEEN:

_____________________
(Hereinafter called the “Agency”)

AND:

_____________________
(Hereinafter called the "Student")

Whereas:

It is the Student’s legal and ethical responsibility to protect the privacy, confidentiality and security of all records, proprietary information and other confidential information relating to the Agency, including business, employment and medical information relating to patients, members, employees and health care providers. (“Confidential Information”).

And whereas:

The Agency has adopted policies and procedures regarding Confidential Information including its policies and procedures for complying with the Freedom of Information and Protection of Privacy Act and the Health Information Act (“Policies and Procedures”).

In witness hereof, the parties agree as follows:

1. The Agency agrees to disclose and the Student agrees to receive Confidential Information in furtherance of participating in his/her practicum with the Agency, as set out in the Practicum Agreement.

2. The Agency agrees to advise, instruct and guide the Student as to the Policies and Procedures.

3. Upon receipt of the information set out in paragraph 2 herein, the Student agrees to use his/her best efforts to comply with the Policies and Procedures and to protect the Confidential Information, or any part thereof, and prevent it from being disclosed to any person contrary to the Policies and Procedures.

IN WITNESS WHEROF, the parties have duly executed this Agreement effective as of the day and year first written above.

Agency
Signed: _____________________________
Print Name: _________________________
Title: _______________________________
Date: _______________________________

Student
Signed: ______________________________
Print Name: __________________________
Date: _______________________________