KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Educational Assistant
Agency/Company: Wheelchair Sports Alberta

https://wheelchairsportsalberta.com/

Location: Remote / Various Calgary Schools / Winsport
Schedule: Hours will vary according to Practicum Student schedule and in-school bookings. Some hours will be required between 9:00 am – 3:00 pm
Terms Available: Winter, Spring
Number of Positions: 1

Organization Description: Wheelchair Sports Alberta (WSA) is a registered charitable non-profit association responsible for the development and delivery of provincial level sport programs and services throughout Alberta. Specific sports that fall under the WSA umbrella include wheelchair basketball, para athletics, wheelchair rugby, para ice hockey, and wheelchair tennis. Our Mission is to facilitate sporting opportunities for Albertan’s living with physical impairments and/or wheelchair athletes to develop and compete at all levels from club to national.

Project Duties/Responsibilities:

- Assisting with in-school Wheelchair Education program
- Creating education and marketing materials
- Assisting with reports
- Assist with Try-IT Days at Winsport depending on practicum student schedule
- Assist with the Wheelchair Basketball Tournament in Calgary April 6-7 depending on practicum student schedule
- Designing social media content for Wheelchair Rugby Nationals
- Help recruit and train volunteers for Nationals in May *The practicum student may choose to voluntarily participate in the Wheelchair Rugby event in May but they are under no obligation to do so, as it occurs outside of the practicum course. All hours for the practicum must be completed by the last day of Winter term classes.

Required Student Qualifications:

- Police check (Vulnerable Sector included)
- CPR and first aid

On-Site Supervisor: Aspen Ranger aspen@wheelchairsportsalberta.com
Kinesiology Practicum Application

Placement: Wheelchair Sports Alberta

Students must have 60 units completed to qualify for a practicum, including 30 units of KNES. Students may participate in up to three practicums.

INSTRUCTIONS

1. Contact the on-site supervisor to arrange an interview.
2. Bring a copy of this application with the completed student portion to your interview to be completed by the On-Site Supervisor.
3. Submit application and required documentation (if applicable) to knespracticum@ucalgary.ca; our office will email your @ucalgary address within 5 business days with next steps for you and your On-Site Supervisor.

STUDENT PORTION – COMPLETE PRIOR TO INTERVIEW

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 practicum placement? (1-2 sentences)

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 a Kinesiology practicum placement
• I will meet the expectations of the practicum placement for which I am applying
• I will be punctual throughout my practicum placement and will adequately notify the On-Site Supervisor about any absence(s).
• I will complete 60-72 hours within the dates of the term.

Start Date (first day of lectures) __________ End Date (last day of lectures) __________

☐ I agree with the above-mentioned terms and conditions.

Student’s Signature: Date:

ON-SITE SUPERVISOR PORTION

Name: Aspen Ranger

Phone: Email: aspen@wheelchairsportsalberta.com

As the On-Site Supervisor, I agree that:
• No salary or compensation will be given to the practicum student
• I will provide sufficient hours (60-72 hours) within the term dates above, and spread evenly throughout the term (approx. 5-6 hrs/wk in Fall and Winter / 10-12 hrs/wk in Spring)
• I will complete a mid-point and final evaluation for the practicum student
• I will provide sufficient supervision, and guidance during this practicum placement
• I will send any changes / updates to knespracticum@ucalgary.ca for approval / updating
• ☐ I agree with the above-mentioned terms and conditions.

On-Site Supervisor’s Signature: Date:
CONFIDENTIALITY AGREEMENT

Practicum students and the agency must complete the signed confidentiality agreement and submit it (along with the practicum application form) to knespracticum@ucalgary.ca.

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 WHEREOF, 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: _____________________________

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