KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Assistant Strength and Conditioning Coach

Agency/Company: Zeal Performance

Location: 30 Springborough Blvd. SW Calgary

Terms Available: Fall, Winter and Spring

Number of Positions: 1 - 2

Specified Schedule: Will be discussed during the interview.

Zeal Performance is a company that works with clientele ranging from youth to elite athletes on the sports conditioning side of things. We also work with rehabilitation/prehabilitation and fitness training for the 50+ population.

Project Duties/Responsibilities:

- Practicum student will:
- Aid in and potentially lead initial consultations.
- Help to implement programs by providing coaching and feedback to clients while they are training.
- Aid in micro program design for clientele
- Run/assist with testing/assesments of clients
- Coach and prepare virtual programs
- Build macro plans for training groups
- Provide feedback via email to clients

Assets:

- First Aid and CPR certifications
- Good communication skills
- Athletic or coaching background

On-Site Supervisor(s): Doug Brown or Tessa Vanderveeken  doug@zealperformance.ca
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

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: Doug Brown 

Organization: Zeal Performance 

Phone: 

Email: doug@zealperformance.ca 

As the On-Site Supervisor, I agree that:

• No salary or compensation will be given to the practicum student
• I will provide sufficient hours, supervision, and guidance during this practicum placement
• I will complete a mid-point and final evaluation for the practicum student.

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

On-Site Supervisor’s Signature: Date: 

Submit together to knespracticum@ucalgary.ca:
□ Completed Practicum Application
□ Confidentiality Agreement
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: ___________________________ Signed: ___________________________

Print Name: ______________________ Print Name: ______________________

Title: _____________________________ Date ____________________________

Student

Date: _____________________________

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