

KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Program Leader

Agency/Company: [Vecova Aquatics Health and Fitness](#)

Location: 3303 33rd St NW

Terms Available: Fall, Winter, or Spring

Number of Positions: 1

Specified Schedule: Varies depending on student availability, however Saturday afternoons are mandatory

Project Duties/Responsibilities:

In Aquatics, Health and Fitness, we deliver programs for parents & babies, swim lessons for all ages and abilities, fitness classes, and Rehabilitation and Social and Community programs for people of all ages abilities. This practicum position would be focused on the Rehabilitation and Social and Community programs we have running which include: Dementia programs, Explore Abilities, Empower Abilities and Children's Adapted Recreation, with the opportunity of many others.

Under the supervision of the Aquatics, Health and Fitness Assistant Manager, the practicum student will:

- Lead the Children's Adapted Recreation program. This includes programming each week, attending the class, and leading the volunteers (training, mentoring, assisting, etc).
- Assist with the creation of new inclusive programs
- Assist with the programming of new and ongoing programs
- Attend specific programs to help the main therapist and gain experience in a new area (ex., Dementia under a Recreation Therapist, Empower Abilities under a Physiotherapist, and Explore Abilities program).

Required Student Qualifications:

- Current CPR and Standard First Aid
- Provide a QR code for double vaccination
- Police information check with a Vulnerable Sector Search

Assets:

- Be motivated, organized, a natural leader and a great team player
- Must be good at working independently without supervision

On-Site Supervisor: Michelle Thompson, mthompson@vecova.ca

Kinesiology Practicum Application

Placement: Vecova Aquatics Health and Fitness

Students must have 60 units completed to qualify for a practicum, including 30 units of KNES
Students may participate in up to three practicums, with no more than two at the same location

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

Submit to Agency:
 Vaccination QR Code
 Police Check
 CPR & First Aid certifications

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		
<input type="checkbox"/> Fall _____ (year)	<input type="checkbox"/> Winter _____ (year)	<input type="checkbox"/> 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 .		
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have read and understood the University of Calgary's Code of Conduct.	
<input type="checkbox"/> Yes <input type="checkbox"/> 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:		
<ul style="list-style-type: none">• 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)	
_____	_____	
<input type="checkbox"/> I agree with the above-mentioned terms and conditions.		
Student's Signature:	Date:	

ON-SITE SUPERVISOR PORTION	
Name: Michelle Thompson	Organization: Vecova
Phone:	Email: mthompson@vecova.ca
As the On-Site Supervisor, I agree that:	
<ul style="list-style-type: none">• 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.	
<input type="checkbox"/> 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

Student

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Title: _____

Date _____

Date: _____