

## **KINESIOLOGY PRACTICUM DESCRIPTION**

**Practicum Position Title: Child Life Specialist (Student)**

**Agency/Company: [Dr. Gordon Townsend School](#)**

**Location: Alberta Children's Hospital, 2888 Shaganappi Trail NW**

**Terms Available: Winter or Spring**

**Number of Positions: 1**

**Specified Schedule: Within 9:00am – 1:00pm, Monday to Friday**

### **Project Duties/Responsibilities:**

*Dr. Gordon Townsend School* is a unique scholastic setting in the Alberta Children's Hospital (ACH). The student population is comprised of young people aged 5-19. These students are continuously admitted and discharged for their significant medical conditions by the medical teams at the ACH. *Dr. Gordon Townsend School* provides programs and services to students with mental health needs, physical/rehabilitation requirements and eating disorders. This special needs modified school offers several unique programs offered in partnership with the Calgary Board of Education and the Calgary Health Region.

The practicum student will assist the Child Life Specialist in:

- Planning and implementation of daily Adaptive Physical Education.
- Leading recreation classes with small groups of children and youth (examples include circle games, tag games, wide games, and modifying sports such as basketball, floor hockey, volleyball, soccer).
- Leading Leisure Education discussion groups.
- In collaboration with an Occupational Therapist, working with a small group of youth in developing skills for successfully planning of recreational activities both onsite and offsite.
- Researching and making recommendations regarding appropriate recreation program involvement at home and community for identified children in the program.
- Discussing observations from recreation groups with members of a multidisciplinary team including Physiotherapists, Occupational Therapists, Speech Pathologists, Teachers and Nursing staff.
- Identify a specific recreation-based project that will benefit the program (optional)

### **Required Student Qualifications:**

- Police Record Check with Vulnerability Sector
- Immunization Record and CPR Certification

### **Assets:**

- KNES 251 (Human Motor Control & Learning)
- KNES 253 (Exercise & Sport Psychology)
- KNES 355 (Human Growth & Development)
- KNES 371 (Prevention & Care of Athletic Injuries)

**On-Site Supervisor:** Bruce Bostrom, [bruce.bostrom@albertahealthservices.ca](mailto:bruce.bostrom@albertahealthservices.ca)

# Kinesiology Practicum Application

## Placement: [Dr. Gordon Townsend School](#)

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
- Initiate** Police Check w/ Vulnerable Sector
- Immunization Record
- CPR Cert.

### INSTRUCTIONS

- Contact the on-site supervisor to arrange an interview.
- Bring a copy of this application with the completed student portion to your interview to be completed by the On-Site Supervisor.
- Submit application and required documentation (if applicable) to [knespracticum@ucalgary.ca](mailto: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

<b>Practicum Term</b>		
<input type="checkbox"/> Fall _____ (year)	<input type="checkbox"/> Winter _____ (year)	<input type="checkbox"/> Spring _____ (year)
<b>Student Information</b>		
<b>Name:</b>	<b>UCID:</b>	
<b>Phone Number:</b>	<b>Email:</b>	@ucalgary.ca
<b>Student Practicum Expectations:</b> Why have you chosen this practicum placement? (1-2 sentences)		
<b>Code of Conduct</b>		
Students are responsible for compliance with the <a href="#">University of Calgary's Code of Conduct</a> .		
<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:	
<b>I agree that:</b>		
<ul style="list-style-type: none"><li>No salary or payment will be received based upon my participation in a Kinesiology practicum placement</li><li>I will meet the expectations of the practicum placement for which I am applying</li><li>I will be punctual throughout my practicum placement and will adequately notify the On-Site Supervisor about any absence(s).</li><li>I will complete 60-72 hours within the dates of the term.</li></ul>		
<b>Start Date</b> (first day of lectures)	<b>End Date</b> (last day of lectures)	
_____	_____	
<input type="checkbox"/> I agree with the above-mentioned terms and conditions.		
<b>Student's Signature:</b>	<b>Date:</b>	

### ON-SITE SUPERVISOR PORTION

<b>Name:</b> Brue Bostrom <b>Organization:</b> Alberta Health Services	
<b>Phone:</b>	<b>Email:</b> <a href="mailto:bruce.bostrom@albertahealthservices.ca">bruce.bostrom@albertahealthservices.ca</a>
<b>As the On-Site Supervisor, I agree that:</b>	
<ul style="list-style-type: none"><li>No salary or compensation will be given to the practicum student</li><li>I will provide sufficient hours, supervision, and guidance during this practicum placement</li><li>I will complete a mid-point and final evaluation for the practicum student.</li></ul>	
<input type="checkbox"/> I agree with the above-mentioned terms and conditions.	
<b>On-Site Supervisor's Signature:</b>	<b>Date:</b>

## **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](mailto: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: \_\_\_\_\_