KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Customer Experience Advisor
Agency/Company: AdaptAbility  https://adaptabilitystore.ca
Location: 4035 University Ave NW Calgary
Schedule: Flexible hours between Monday – Saturday (10:00-6:00pm) and Sunday (11:00-4:00pm)
Terms Available: Fall, Winter or Spring
Number of Positions: 2

Organization Description:
AdaptAbility is a store that provides products and tools for children and adults with diverse and special needs. We carry a variety of mobility aids, sensory integration tools, safety equipment, daily living aids, developmental tools & toys, focus & fidget tools, classroom aids, sensory room equipment, adaptive clothing, and more.

Project Duties/Responsibilities: Duties would include (but are not limited to):

- Product education to learn how products function, what they are used for, and how they may help conditions and customer needs
- Interacting with customers to learn about their daily challenges
- Advise customers on products and therapies that may help target the function they are looking for
- Help customers explore products
- Product assembly and ability to explain use and item function to customers
- Research of associations and potential collaborations with charities and organizations
- Organize and coordination of special events and information sessions at the store or off site.
- Social Media Engagement
- Help with design and assembly of sensory rooms
- Help to develop potential leads for sensory room projects
- Finding new and innovative products that can help those with special and diverse needs

Required Student Qualifications:

- Police check (Vulnerable Sector included)
- Customer service / inter-personal aptitude

Assets:

- Experience with individuals with special and diverse needs

On-Site Supervisor: Tara Nelson tara@adaptabilitystore.ca
Kinesiology Practicum Application

Placement: AdaptAbility Store

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: Tara Nelson

Phone: Email: tara@adaptabilitystore.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 (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 knespacticum@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 WHEROOF, 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: ____________________________

2500 University Drive N.W., Calgary, Alberta, Canada T2N 1N4 ucalgary.ca/knes