KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Therapy Assistant
Agency/Company: Families of Alberta for Conductive Education (FACE)
https://facealberta.ca/home/
Location: 140 - 6046 12 ST SE, Calgary, AB T2H 2X2
Schedule: Flexible, programs from Monday 9:00am-3:00pm, Tuesday-Friday 9:00am-8:30pm and Saturday 8:30am-4:30pm
Terms Available: Fall, Winter or Spring
Number of Positions: 4
Organization Description:

Families of Alberta for Conductive Education (FACE) is a registered Canadian charity that provides programming for children and young adults with Cerebral Palsy and other neuromotor conditions. Conductive education classes are run in groups with one-on-one support offered to each participant.

Project Duties/Responsibilities:

Practicum students work under the supervision of a conductor:

- Work one-on-one with a participant to assist them when necessary, in working on their gross and fine motor skills, communication and cognitive development goals
- Maintaining positive relationships with team members, be enthusiastic about activities, acknowledge and encourage other participants during activities modeling an inclusive and friendly atmosphere
- Plan and coach an activity, craft or movement sequence combining concepts of physiology and conductive education for participants to complete
- Assistance in cleaning the facility after program completion
- Implementation of activities planned by conductors - making sure that activities are understood in how they fulfill the specific goal and objective of the participant

Required Student Qualifications:

- Police check (Vulnerable Sector included) prior to start date

Assets:

- Current CPR and Standard First Aid

On-Site Supervisor: Abigail Aldridge abigail@facealberta.ca

Contact (if different than on-site supervisor): Kimberly Millis kimberly@facealberta.ca
Kinesiology Practicum Application

Placement: Families of Alberta for Conductive Education (FACE)

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: ________________________

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, 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: Abigail Aldridge

Phone: ____________________________  Email: abigail@facealberta.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 within the term dates above only, 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: ____________________________
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:_______________________________

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