KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Kinesiology Practicum Student

Agency/Company: Market Mall Physio & Chiro

Location: 4935 40 Ave NW, Unit 328, Calgary, AB T3A 2N1

Specified Schedule: TBD according to Practicum Student's schedule and supervising physiotherapist's hours (5-6 hours / week in Fall & Winter Terms and 10-12 hours / week in Spring Term).

Terms Available: Winter

Number of Positions: 1

Project Duties/Responsibilities:

At Market Mall Physio & Chiro we know that you want to get back to living a pain-free life. In order to do that, you may benefit from physiotherapy, chiropractic, or massage therapy treatments. The problem is that neglecting your aches and pains can cause serious injury later on. We believe in innovation, results, and an obsession over your goals and outcomes which is why we are one of the leading rehab providers in Calgary.

Under the strict supervision of the supervising physiotherapist, the practicum student will:

- Assist in exercise teaching and prescription for patients.
- Assist with the application of modalities (including TENS, US, heat, ice, NMES).
- Assist with the creation and monitoring of exercise programming.
- Provide education for patients regarding their condition and/or injury.
- Assist with general clinic cleaning protocols and laundry.

On-Site Supervisor: TBD

On-Site Contact: Kevin Trinh

Email: kevin@marketmallphysio.ca
Kinesiology Practicum Application

Placement: Market Mall Physio & Chiro

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:  
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) (work, volunteer or personal) 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: Kevin Trinh

Phone: 403-286-5530  
Email: kevin@marketmallphysio.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:  

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: ____________________________

Print Name: ____________________________

Title: ____________________________

Date: ____________________________

Student

Signed: ____________________________

Print Name: ____________________________

Date: ____________________________