KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Coach Resource Development - Video Analysis Assistant

Agency/Company: Alberta Amateur Speed Skating Association (AASSA)

Locations:
On-campus/remote as appropriate

Terms Available: Fall, Winter, or Spring

Number of Positions: 1

Specified Schedule: To be determined.

Organization Description:

AASSA is a non-profit provincial sport organization that works to lead and inspire Albertans to thrive through the power of speed skating for life. The organization has been in existence since 1973, and continues to focus on the values of true sport, while delivering creative and quality sport programming.

Practicum duties and responsibilities

To view approximately 60 hours of recorded dryland training sessions and then create separate, shorter video segments with the appropriate labels (ie: technical dryland exercises; circuit training)

Upload completed video segments to AASSA website

Consult with Technical Director on suggested content segments

Ensure high quality of all uploaded segments

Development of other coach resource initiatives as prescribed by the Technical Director

Required Qualifications:

Student with a speed skating background, as this is a very sport specific project.
Student is comfortable and confident utilizing the required software applications to view/edit and download video.

Assets:

CPR and First Aid not required but are assets.

On-Site Supervisor: Lorelei St.Rose, AASSA Technical Director EMAIL technicaldirector@aassa.ca

All applicants should submit a resume and cover letter.
Kinesiology Practicum Application

Placement: Alberta Amateur Speed Skating Association (AASSA)

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

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 this application and required documentation (if applicable) to knespracticum@ucalgary.ca; our office will email your @ucalgary account within 5 business days with next steps for you and your On-Site Supervisor.

STUDENT PORTION – COMPLETE PRIOR TO INTERVIEW

<table>
<thead>
<tr>
<th>Practicum Term</th>
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<tbody>
<tr>
<td>☐ Fall _______ (year)</td>
<td>☐ Winter _______ (year)</td>
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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, 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: Lorelei St.Rose  Organization: Alberta Amateur Speed Skating Association (AASSA).

Phone: ____________________________  Email: technicaldirector@aassa.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, 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: ___________________________  Signed: ___________________________

Print Name: ___________________________  Print Name: ___________________________

Title: ___________________________  Date ___________________________

Date: ___________________________

Student

IN WITNESS WHEROF, the parties have duly executed this Agreement effective as of the day and year first written above.

Agency

Signed: ___________________________  Signed: ___________________________

Print Name: ___________________________  Print Name: ___________________________

Title: ___________________________  Date ___________________________

Date: ___________________________