KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Varsity Athletic Therapy Field Assistant
Agency/Company: University of Calgary Dinos Athletics (Field Games)
Schedule: Weekdays prior to team practices (1 hour x 3 practices / week for 10 weeks) and attendance at weekend Field Sport home games, plus one 2 hour workshop required in the last week of August. The remaining hours will be dedicated to assisting with SCAT evaluation.
Term Available: Fall *must be registered by August 23rd
Number of Positions: 2

Project Duties/Responsibilities:
Dinos Athletics is composed of 22 team and 550 athletes. The Athletic Therapy department is responsible for overseeing care of athletic injuries to their athletic population.

- Attend pre-season (late August) workshop to learn and develop taping skills.
- Learn and become proficient in ankle, wrist, and thumb taping.
- Assist with athlete preparation for various Dinos Athletic Teams through the fall term.
- Learn how to perform Baseline SCAT6 evaluations.
- Assist with Baseline SCAT6 evaluations.
- Be familiar with the varsity athletic emergency action plan and act as call person at varsity events.
- Assist with field set up and clean-up of assigned games.
- Follow UCalgary SMC policy and procedures including dress code.
- Maintain patient confidentiality in accordance with FOIP and the Medical Information Act.
- Work with both Staff Athletic Therapists and MRU practicum students in delivery of injury care.

Required Student Qualifications:

- Completed or enrolled in KNES 372 Foundations of Sport Medicine for Fall term
- Current CPR and First Aid Certificates

Assets:

- Ability to interact confidently and professionally with athletes of a similar age.
- Ability to remain calm in stressful situations

On-Site Supervisor: Bonnie Sutter bsutter@ucalgary.ca
Kinesiology Practicum Application

Placement: UCalgary Dinos Varsity Athletic Therapy Field Assistant

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

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<th>Practicum Term</th>
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<tr>
<td>☐ Fall ______ (year)</td>
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<td>☐ Winter ______ (year)</td>
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<td>☐ Spring ______ (year)</td>
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<tr>
<th>Student Information</th>
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<td>Name: UCID:</td>
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<th>Phone Number: Email:</th>
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<tr>
<th>Student Practicum Expectations: Why have you chosen this practicum placement? (1-2 sentences)</th>
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<tr>
<th>Code of Conduct</th>
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<td>Students are responsible for compliance with the University of Calgary's Code of Conduct.</td>
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| ☐ 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) or work/volunteer experience with person(s) associated with this practicum? |

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

<table>
<thead>
<tr>
<th>Name: Bonnie Sutter</th>
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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 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 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 _____________________________

Student

Date: ______________________________

2500 University Drive N.W., Calgary, Alberta, Canada  T2N 1 N4