KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Olympic Oval Coaching Support & Data Analysis
Agency/Company: University of Calgary Olympic Oval
Location: Olympic Oval
Schedule: TBD according to the Organization and the Practicum Student’s schedule (5-6 hours / week in Fall Term).
Terms Available: Fall
Number of Positions: 1

Organization Description:

The Olympic Oval is a legacy facility of the 1988 Olympic Games. It is a place where Olympic dreams come true and athletes are put in a position to achieve their personal best. An important and integral part of the University of Calgary’s Faculty of Kinesiology; the Oval is a speed-skating facility, a research facility for UCalgary kinesiology scholars, a training facility for varsity athletes and a public facility to serve the University community.

The Olympic Oval provides coaching and programing for about 100 top level speed skaters from across Canada and around the world.

Project Duties/Responsibilities:

- Assist with timing data analysis to help coaches evaluate performance and monitor training loads. Timing data is collected using customized software and Mylaps hardware.
- Assist the Olympic Oval program strength trainer with the collection and analysis of power and other athlete monitoring data.
- Assist the Olympic Oval coaches with implementation and execution and delivery of dryland programs.

Required Student Qualifications:

- KNES 373 Exercise Physiology
- KNES 375 Tests and Measurements in Kinesiology

On-Site Supervisor: Todd McClements tmccleme@ucalgary.ca

Contact (if different than on-site supervisor): Sean Ireland sean.ireland1@ucalgary.ca
Kinesiology Practicum Application

Placement: University of Calgary Olympic Oval

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) (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: Todd McClements

Phone: Email: tmccleme@ucalgary.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 knespracticum@ucalgary.ca.

THIS AGREEMENT is made as of the ________ day of ________, 20______.

BETWEEN:


(herinafter called the “Agency”)

AND:


(herinafter 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 __________________________

Student

Date __________________________

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