

## KINESIOLOGY PRACTICUM DESCRIPTION

**Practicum Position Title:** Olympic Oval Program and IST Support

**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:** Winter

**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 programming for about 100 top level speed skaters from across Canada and around the world.

### Project Duties/Responsibilities:

- The Olympic Oval Program practicum will be customized to the selected students area of interest and chosen career path to provide a meaningful practicum experience.
- The student will work alongside the Olympic Oval's Coaches and key members of the Integrated support team which may include strength trainers, paramedical coordinator, and physiologists in the delivery of a world-class high performance training program.
- Assist the Olympic Oval program with the collection and analysis of data which could include bike testing, strength and power data, movement data, lap and velocity 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](mailto:tmccleme@ucalgary.ca)

**Contact (if different than on-site supervisor):** Sean Ireland [sean.ireland1@ucalgary.ca](mailto:sean.ireland1@ucalgary.ca)

# Kinesiology Practicum Application

**Placement:** University of Calgary Olympic Oval **Category:**

Submit together to

[knespracticum@ucalgary.ca](mailto:knespracticum@ucalgary.ca):

☐ Completed Practicum Application

☐ Confidentiality Agreement

## Requirements:

- Students must be a current Faculty of Kinesiology undergraduate student in good academic standing with 60 units completed, including 30 units of KNES courses
- Students may participate in up to three different practicums (one per term) with no prior personal, work or volunteer relationship with the organization

☐ Yes ☐ No I have read and understood the criteria ☐ Yes ☐ No I meet the criteria for this practicum

## INSTRUCTIONS

- Contact the on-site supervisor to arrange an interview.
- Bring a copy of this application with the completed student portion to your interview to be completed by the On-Site Supervisor.
- Submit application and required documentation (if applicable) to [knespracticum@ucalgary.ca](mailto: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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------|
| <b>Practicum Term</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                                             |
| <input type="checkbox"/> Fall _____(year)                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Winter _____(year) | <input type="checkbox"/> Spring _____(year) |
| <b>Student Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                             |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>UCID:</b>                                |                                             |
| <b>Phone Number:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Email:</b>                               | @ucalgary.ca                                |
| <b>Student Practicum Expectations:</b> Why have you chosen this practicum placement? (1-2 sentences)                                                                                                                                                                                                                                                                                                                                                  |                                             |                                             |
| <b>Code of Conduct</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                                             |
| Students are responsible for compliance with the <a href="#">University of Calgary's Code of Conduct</a> .                                                                                                                                                                                                                                                                                                                                            |                                             |                                             |
| <input type="checkbox"/> Yes <input type="checkbox"/> No I have read and understood the University of Calgary's Code of Conduct.                                                                                                                                                                                                                                                                                                                      |                                             |                                             |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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:                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                             |
| <b>I agree that:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |                                             |
| <ul style="list-style-type: none"><li>No salary or payment will be received based upon my participation in a Kinesiology practicum placement</li><li>I will meet the expectations of the practicum placement for which I am applying</li><li>I will be punctual throughout my practicum placement and will adequately notify the On-Site Supervisor about any absence(s).</li><li>I will complete 60-72 hours within the dates of the term.</li></ul> |                                             |                                             |
| <b>Start Date</b> (first day of lectures)                                                                                                                                                                                                                                                                                                                                                                                                             | <b>End Date</b> (last day of lectures)      |                                             |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _____                                       |                                             |
| <input type="checkbox"/> I agree with the above-mentioned terms and conditions.                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                             |
| <b>Student's Signature:</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             | <b>Date:</b>                                |

### ON-SITE SUPERVISOR PORTION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Name:</b> Todd McClements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |
| <b>Phone:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Email:</b> <a href="mailto:tmccleme@ucalgary.ca">tmccleme@ucalgary.ca</a> |
| <b>As the On-Site Supervisor, I agree that:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |
| <ul style="list-style-type: none"><li>No salary or compensation will be given to the practicum student</li><li>I will provide sufficient hours (60-72 hours) <u>within</u> 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)</li><li>I will complete a mid-point and final evaluation for the practicum student</li><li>I will provide sufficient supervision, and guidance during this practicum placement</li><li>I will send any changes / updates to <a href="mailto:knespracticum@ucalgary.ca">knespracticum@ucalgary.ca</a> for approval / updating</li><li><input type="checkbox"/> I agree with the above-mentioned terms and conditions.</li></ul> |                                                                              |
| <b>On-Site Supervisor's Signature:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Date:</b>                                                                 |

## **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](mailto: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**

**Student**

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_

Date: \_\_\_\_\_

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

[ucalgary.ca /knes](http://ucalgary.ca/knes)