KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Adaptive Sports Program Assistant

Agency/Company: Ultimate Wheelchair Sports Foundation

Locations:
- Para Nordic Program: Confederation Golf Course, 3204 Collingwood Dr NW, Calgary, AB
- Junior Adaptive Cycling Program: 200m track at Mount Royal University Recreation

Terms Available: Winter only

Number of Positions: 1

Specified Schedule:
- Para Nordic Program: Sundays 12:30 – 3:00pm (55%)
- Junior Adaptive Cycling Program: Sundays 3:00 - 6.00pm (45%)

Project Duties/Responsibilities:

Ultimate Wheelchair Sports Foundation is a multisport, charitable organization. Their mission is to support people with disabilities by providing opportunities in adaptive sport. They have a large inventory of equipment available to their members, and provide scheduled training sessions with coaching and instruction in an exciting and motivational environment.

Under supervision and with thorough training, the practicum student will participate in the following:

Para Nordic Skiing Program
- Under strict supervision of the Program Coordinator and Coaches of the Para Nordic Program, the practicum student will assist in the supervision of participants with various disabilities such as amputations, spinal cord injuries and stroke by:
  - Assisting in the proper handling of equipment; move equipment out in and out of storage and vehicles.
  - Transferring participants in/out of equipment, and fitting participants with appropriate gear.
  - Providing exercise instruction to improve technique and motivate participants during the session.
- Write session-report to Supervisor after every session describing attendance, session structure, possible incidents and other observations of participants such as energy levels, motivation and progress
- Provide feedback and suggestions for change and improvement by discussing elements such as attendance, time management, structure of the program and participant motivation with Program Supervisor every 4 weeks.

Junior Adaptive Cycling Program
- Under strict supervision, the student will assist in the organization of a weekly Junior Adaptive Cycling Program for children with various disabilities such as cerebral palsy, muscular dystrophy and Down Syndrome by:
  - Organizing equipment from storage to program location (both at MRU).
  - Assisting in the instruction of participants in safe and efficient cycling skills.
  - Assisting in the organization of games and exercises; provide feedback on exercises and motivational strategies.
• Write session-report to Supervisor after every session describing attendance, possible incidents, parents involvement and other observations of participants such as energy levels, number of stars provided on their session feedback card, progress etc.
• Provide feedback and suggestions for change and improvement by discussing elements such as attendance, time management, program structure and participant motivation with Program Supervisor every 4 weeks.

Both Junior Adaptive Cycling and Para Nordic Skiing
• Investigate and compose two (one for each program), one-page proposals involving new adapted sport activities to incorporate into the existing programs and present these to the on-site supervisor during or at the end of the term.

Required Student Qualifications:
• First Aid and CPR certification
• Completion of KNES 367 (Adapted Physical Activity)

Assets:
• KNES 311 (Leadership Foundations) is an asset
• Experience working with children and people with disabilities

On-Site Supervisor: Suzanna Tangen, info.parasports@gmail.com
Kinesiology Practicum Application

Placement: Ultimate Wheelchair Sports Foundation

Students must have 60 units completed to qualify for a practicum, including 30 units of KNES. 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 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) 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: Suzanna Tangen  Organization: Ultimate Wheelchair Sports Foundation

Phone: Email: info.parasports@gmail.com

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: ___________________________
Print Name: _______________________
Title: _____________________________
Date: _____________________________

Student 

Signed: ___________________________
Print Name: _______________________
Date: _____________________________

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