



FROM: Dr. Philip Sullivan, Professor and Chair, Kinesiology
RE: PEKN 4P89 - Internship in Clinical Kinesiology (for BKin, BSc(Kin) and BPhEd students)

This course is designed to allow students to gain experience working in a health care setting under the guidance of an established health professional and requires students to accept a significant responsibility in organizing the Internship. It allows students to explore and learn a specific profession within the health care community and will provide them with firsthand experience within the health care setting which will assist them in their possible future career goals. Since it is largely self-directed, it also teaches students valuable independent study skills which will be of benefit at the fourth year and Graduate level.

There are three main requirements that are the student's responsibility to complete before being allowed to register for PEKN 4P89. These are:

1. Finding a placement and a Placement Supervisor;
2. Finding the time to complete the Internship, including the components needed for evaluation; and
3. Finding a faculty member willing to act as their Faculty Supervisor for the academic components/evaluation of their Internship.

Faculty members are under no obligation to take on Internship students; this is a privilege, not a right.

A suitable Placement Supervisor must be able to provide satisfactory evidence of being an established and recognized health care/kinesiology related professional working in a safe and appropriate environment. **The potential Placement Supervisor and placement must be approved by the Chair of Kinesiology.** The potential Placement Supervisor must be willing to oversee the student's involvement, and be willing to write a one page summary evaluation of their Internship experience. The Internship must include a minimum of 50 supervised hours in the placement over a 12-week period (1 semester). Students may complete PEKN 4P89 in any term they wish (subject to Faculty availability). As well, students will be expected to submit to their Faculty Supervisor for academic evaluation:

1. a journal of your experience; and
2. a critical evaluation paper of the profession and or its therapies/techniques/theories

A Faculty Supervisor must be willing to accept each student and agree that their placement and Placement Supervisor are acceptable, evaluate the journal and critical paper, and incorporate the Placement Supervisor's evaluation into a final grade. The Faculty Supervisor is not responsible for finding or monitoring a student's placement.

PREREQUISITES:

The student is required to complete **nine (9.0) undergraduate credits with a minimum 75% major average** before being eligible to participate in an Internship.

APPLICATION PROCEDURE:

The student **must submit 3 forms** to the Departmental Undergraduate Program Coordinator/Academic Advisor (WC 296):

- I. Internship Proposal/Registration Form - Faculty Supervisor (Form A)
- II. Internship Proposal/Registration Form - Placement Supervisor (Form B)
- III. Work/Education Agreement Form

These forms are available from the Departmental Undergraduate Program Coordinator/Academic Advisor (WC 296) and must be approved by the Chair of Kinesiology before students can register for the course.

If you have further questions please contact the Kinesiology Undergraduate Program Coordinator/Academic Advisor (WC 296, kinadvisor@brocku.ca).

BROCK UNIVERSITY

DEPARTMENT OF KINESIOLOGY

Application for PEKN 4P89 Internship in Clinical Kinesiology

GENERAL INFORMATION

Undergraduate Calendar Description:

Clinical/field experience in various areas of clinical kinesiology.

Minimum Academic Requirements:

Open to BPhEd, BKin, and BSc(Kin) majors with a minimum of:

- 9.0 overall credits
- Minimum major average of 75%

All students must have permission of a Faculty member and the Chair of the Department.

Additional Information:

Students are responsible for organizing their own Internship placement which must be external to Brock University. Additionally, students are solely responsible for any additional expenses which may include transportation costs, certifications (e.g. first aid/CPR), and/or a police record check with vulnerable sector screening if required by the Internship placement organization.

HOW TO APPLY

- **Form A** – Internship Proposal/Registration form – Faculty supervisor
 - Must be completed by student and Faculty supervisor
- **Form B** – Internship Proposal/Registration form – Placement Supervisor
 - Must be completed by student and Placement Supervisor
- **Work/Education Agreement Form**
 - Must be completed by student in cooperation with Placement Supervisor

Once all three forms have been completed, submit your Internship application package to the Undergraduate Program Coordinator (WC 296) for Chair's approval and processing. If approved you will be provided with an override to register for PEKN 4P89 through your Brock Portal Student Self-Serve (you will receive an email from the Undergraduate Program Coordinator notifying you once the override has been entered). Students should keep copies of all forms for their records.

APPLICATION GUIDELINES

- This course is designed to provide students with an experiential learning opportunity in a professional setting within the area of clinical kinesiology. The placement must be outside of the Brock community. The nature of the placement is determined jointly between the student and the Placement Supervisor, upon the approval of the student's Faculty Supervisor and the Department of Kinesiology. Academic components for evaluation are determined individually between the student and the Faculty Supervisor.
- All full-time Faculty members are available as potential Faculty Supervisors. For a list of Faculty members and their contact information please go to: <http://brocku.ca/applied-health-sciences/>. Faculty members are under no obligation to agree to supervise students for an Internship.
- Students are responsible for arranging a placement and securing a Placement Supervisor and a Faculty Supervisor. It is not the responsibility of the Department or Faculty Supervisor to arrange Internship placements for students.
- The normal registration deadlines apply for enrolling in PEKN 4P89 without financial or academic penalties. Accounting for holiday time in the summer as well as limits on how many individual students a Faculty member can reasonably supervise during an academic year, students should make arrangements for their Internship well ahead of the term in which they wish to register for this course. On a regular basis, PEKN 4P89 is offered in the Fall, Winter, Spring and Summer terms, providing ample opportunity for students to plan ahead.

FORM A – INTERNSHIP PROPOSAL/REGISTRATION FORM

Faculty Supervisor

This application form must be fully completed by the student in conjunction with the supervising Faculty member, and submitted to the Undergraduate Program Coordinator for the Chair's approval *prior* to the student being given an override to register in this course. Please read and follow the guidelines on page 1 of this package.

STUDENT INFORMATION

Student Name: _____ ID #: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Brock Email: _____ @brocku.ca

COURSE REGISTRATION INFORMATION

Name of Faculty Supervisor (Faculty member): _____

Below, please indicate the year and term you and your Faculty Supervisor have agreed upon for your registration in this course.

Year: _____ Term: Fall D2 Winter D3 Spring D1 Spring D4 Summer D1

Expected Date of Completion: _____

JOURNAL REQUIREMENT INFORMATION

Description of Journal Requirements:

Due Date: _____ Percentage (%) of Final Grade: _____

CRITICAL EVALUATION PAPER INFORMATION

Description of Critical Evaluation Paper Objectives:

Due Date: _____ Percentage (%) of Final Grade: _____

Student signature: _____ Date: _____

Faculty Supervisor signature: _____ Date: _____

Department Chair signature: _____ Date: _____

Undergraduate Program Coordinator: _____ Date: _____

FORM B – INTERNSHIP PROPOSAL/REGISTRATION FORM

Placement Supervisor

This application form must be fully completed by the student in conjunction with the Supervisor of the Internship placement, and submitted to the Faculty Supervisor followed by the Undergraduate Program Coordinator for approval by the Chair *prior* to the student being given an override to register in this course. Please read and follow the guidelines on page 1 of this package.

STUDENT INFORMATION

Student Name: _____

Brock Email: _____ @brocku.ca

Name of Faculty Supervisor: _____

INTERNSHIP PLACEMENT INFORMATION

Name of Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Placement Supervisor must be willing to supervise the student for a minimum of 50 hours of on-site involvement in a kinesiology related field.

Number of Hours per Week: _____ Number of Weeks: _____

Expected Date of Completion: _____

PLACEMENT SUPERVISOR INFORMATION

Name of Placement Supervisor: _____

Telephone: _____ Email: _____

Placement Supervisor must be able to provide evidence of accreditation in a health profession (related to the field of Kinesiology) and of employment in an acceptable health setting (e.g. MSc(PT) in a position in a Public Hospital). Please use space below to record education background and specific certifications (if applicable) relevant to current profession.

Degree/Diploma: _____ Conferred by University/College: _____ Year: _____

Degree/Diploma: _____ Conferred by University/College: _____ Year: _____

Degree/Diploma: _____ Conferred by University/College: _____ Year: _____

Certification: _____

Certification: _____

Certification: _____

EVALUATION AND WORK/EDUCATION AGREEMENT INFORMATION

Placement Supervisor must submit a one page evaluation of the student's experience/contributions during the Internship to the student's Faculty Supervisor at the end of the Internship placement.

Evaluation will be submitted on or before : _____

Work/Education Agreement Form completed:

Student signature: _____ Date: _____

Placement Supervisor signature: _____ Date: _____

Faculty Supervisor signature: _____ Date: _____

Department Chair signature: _____ Date: _____

Brock University

WORK/EDUCATION AGREEMENT FORM

Instructions:

Click on grey fields below add text

While fulfilling the unpaid work/training component of their University courses or programs, students have Workplace Safety and Insurance Board coverage or private insurance coverage in the event of accident or injury. The cost of this coverage is funded by the Ministry of Training, Colleges & Universities. Claims adjudication is done by the Ministry of Education, the Workplace Safety and Insurance Board and/or ITT Hartford Canada, as appropriate. **Claims management is handled by Brock University.**

Each participant in an unpaid work/training placement must complete the below form in full and return it to her/his work placement coordinator before the placement begins. A representative of the placement organization should complete page one the form.

IN THE EVENT OF ACCIDENT OR INJURY, PLEASE FOLLOW THE INSTRUCTIONS ON PAGE TWO.

STUDENT INFORMATION/PLACEMENT FORM

Student Name: _____

Student #: _____

VISA Student? Yes No

Brock Course/Program: _____

Start Date: _____ Finish Date: _____

Total Number of Hours: _____

Brock Placement Coordinator: _____

Training Participant (Student) Signature: _____ Date: _____

Program Coordinator Signature: _____ Date: _____

Placement Organization: _____

Address: _____

Is the Placement Organization insured by the Workplace Safety and Insurance Board? YES NO

Contact Name: _____

Job Title: _____

Phone/EMAIL: _____

Office Hours: _____

Placement Organization Signature: _____

Date: _____

TRAINING PLACEMENT ACCIDENT REPORT

SHOULD AN ACCIDENT OR INJURY OCCUR:

- Immediately inform the Office of Environment, Health and Safety, BROCK UNIVERSITY (905-688-5550 ext. 3994) and the appropriate officer in your organization
 - Notify the Placement Coordinator
 - Complete Training Placement Accident Report below and FAX both sides of this form to the Office of Environment, Health and Safety, Brock University (**905-688-8481**)
 - If your organization has Workplace Safety & Insurance Board (WSIB) coverage, Brock University will provide a form that authorizes the University to represent your Organization in matters pertaining to the accident or injury
- Brock University must notify the Workplace Safety and Insurance Board within 2 days of an injury occurring.**

Student's Full Name: _____

Sex: Male Female

Address: _____

Phone #: _____

Social Ins. No.: _____

Student No.: _____

D/M/Y of Birth: ____/____/____

D/M/Y of Accident: ____/____/____ Time of Day: _____ a.m. p.m.

Normal Placement Hours for Week of Injury: _____

S M T W T F S

Outline briefly but precisely the sequence of events leading to the accident; include the exact location, the specific activity and the size, weight and type of equipment or material involved, etc.

Describe any injury, specifying the exact part of Ambulance Lost Time, the body involved and any first aid administered.

Names and phone numbers of witnesses/persons having knowledge of accident: _____

Contact person and phone number for further information: _____

Name & Phone # of Person completing this form: _____

Date: _____

Submission instructions:

1. Print three (3) copies
2. Send **one completed copy** to the Office of Environment, Health & Safety (OEHS) within two (2) business days of injury or incident
3. Give **one copy to your supervisor** or the person responsible for the incident location to complete. Forward the completed form to the Office of Environment, Health and Safety, Brock University
4. Keep **one completed copy** for your records