

BROCK UNIVERSITY

DEPARTMENT OF KINESIOLOGY

Application for KINE 4P86, 4987, 4P88, 4P89

GENERAL INFORMATION

Undergraduate Calendar Description:

Clinical/field experience in a variety of applied settings.

Minimum Academic Requirements:

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

- 9.0 overall credits
- Minimum major average of 75%
- Students are restricted to a max of 1.0 credit across all four practicum courses

All students must have permission of a Kinesiology Faculty supervisor, Undergraduate Coordinator, and the Chair of the Department. This course is evaluated as a pass or fail. Students must successfully complete and pass all requirements of the placement (placement hours as outlined in agreement, placement supervisor evaluations, and reflective journal) to receive a 'pass' grade for this course. An incompleteness of any of the requirements will result in a failure which will be reflected on the student's transcript.

Additional Information:

Students are responsible for organizing their own practicum placement which may be internal or 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 practicum placement organization.

HOW TO APPLY

Form A – Practicum Proposal/Registration form – Must be completed by student and Placement Supervisor

Form B – Practicum Proposal/Registration form – Must be completed by student and Faculty Supervisor

Work/Education Agreement Form

- Must be completed by student in cooperation with Placement Supervisor

Once both forms have been completed, submit your application package to the Experiential Education Coordinator (WC 295) for approval and processing. If approved, you will be provided with an override to register for the practicum course 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 outlined for each course. 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 Experiential Education Coordinator. Academic components for evaluation are determined individually between the student and the Faculty Supervisor.
 - Students are responsible for arranging a placement and securing a Placement Supervisor. It is not the responsibility of the Department or Experiential Education Coordinator to arrange placements for students.
 - The normal registration deadlines apply for enrolling in KINE4P86, 4P87, 4P88 and 4P89 without financial or academic penalties. Accounting for holiday time in the summer students should make arrangements for their practicum well ahead of the term in which they wish to register for this course. On a regular basis, KINE4P86, 4P87, 4P88 and 4P89 are offered in the Fall, Winter, Spring and Summer terms, providing ample opportunity for students to plan.
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FORM A – PRACTICUM PROPOSAL/REGISTRATION FORM

Placement Supervisor

This application form must be fully completed by the student in conjunction with the Supervisor of the practicum placement, and submitted to the Faculty Supervisor followed by the Undergraduate Program Coordinator for 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: _____

Brock Email: _____ @brocku.ca

PRACTICUM 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: _____

SUMMARY OF EXPECTED DUTIES

PLACEMENT SUPERVISOR INFORMATION

Name of Placement Supervisor: _____

Telephone: _____ Email: _____

Placement Supervisor must be able to provide evidence of accreditation related to the field of Kinesiology and of employment in an acceptable 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

The Placement Supervisor will be provided a mid-term and final evaluation form to provide feedback of the student's experience/contributions during the practicum. This must be completed and submitted to the student's Faculty Supervisor at the mid-term and end of the practicum placement.

Mid-term evaluation will be completed on: _____ Final Evaluation will be completed on: _____

Work/Education Agreement Form completed:

Student signature: _____

Date: _____

Placement Supervisor signature: _____

Date: _____

Faculty Supervisor Signature: _____

Date: _____

Department Chair signature: _____

Date: _____

FORM B – PRACTICUM PROPOSAL/REGISTRATION FORM

This application form must be fully completed by the student in conjunction with the Faculty Supervisor and submitted to the Undergraduate Program Coordinator for 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: F/W D1 Fall D2 Winter D3 Spring D1 Summer D1

Expected Date of Completion: _____

JOURNAL REQUIREMENT INFORMATION

Description of Reflective Journal Requirements:

Due Date: _____

MID-TERM AND FINAL EVALUATIONS

The practicum course requires the completion of an evaluation of the student's competencies at the mid-point of the student's practicum, and again at the end. A performance appraisal will be provided by the Experiential Education Coordinator to the practicum supervisor and used towards the student's evaluation in their practicum course. The evaluations will be completed and discussed with the student, Faculty supervisor and practicum supervisor.

Student signature: _____ Date: _____

Faculty Supervisor signature: _____ Date: _____

Department Chair signature: _____ Date: _____