



## Practicum Placement Proposal & Agreement

The Public Health Program at University College, University of Toronto is a multidisciplinary undergraduate program of critical studies in the determinants of health and health care of which practical experience in health-related career areas ('experiential learning') is a highly valued component. Public Health Practicum Placements will normally be undertaken in community-based health-services organizations (including medical/mental-health care practitioner groups or provider associations), in special health-issue or patient-advocacy associations, in health-related private companies, or in governmental or non-governmental health-policy and regulating bodies. However, any organization or agency outside of the University of Toronto that operates in some area of health or healthcare promotion, service provision, or health-policy development can be a suitable practicum setting, so long as it has the capacity to provide an immersive practicum experience with appropriate supervision. Public Health students are encouraged to take this opportunity to supplement their academic understanding of health conditions, behaviours, care systems, policy issues, and medical ethics with practical application of that knowledge in a work-place environment that is relevant to the health(care) area in which they want to develop their future career.

The student and Practicum Supervisor are expected to have met at least once to discuss the subject(s), setting(s), and conditions of the practicum placement. Based on such discussion(s), the student and supervisor should complete this form specifying the general learning goals of the practicum, the specific work to be completed, the schedule and timing of student participation in the organization's work, the particulars of student supervision and evaluation, as well as requirements for any new-employee, operations-protocol, or hazardous-materials training sessions that may be needed. Completing this form together will ensure agreement on practicum goals, activities, and desired outcomes. A draft of this form should be submitted to the PHS400 Course Instructor for approval and/or revision and, once finalized, it must be signed with password-protected e-signatures or printed and signed manually by all parties. Then, the Course Instructor will arrange for the student to be enrolled into PHS400 by the University College Office of Academic Services. (Students may not enroll directly through ROSI/ACORN.)

\* For more information and guidelines on arranging a practicum placement, see the **Health Studies Practicum Course Guidelines**. Any organizational and/or procedural questions should be addressed to the Course Instructor.

### Student Information

<b>Health Studies Student:</b>	Student Name:	Student Number:
<b>Contact Information:</b>	E-Mail Address:	Phone Number:
<b>Program(s) of Study, College Affiliation, Credits &amp; Prerequisites:</b>	Specialist:	College Affiliation:
	Major(s):	# Credits Completed (all courses):
	Minor(s):	Completed PHS350? <small>**Required for enrolling in PHS400.</small>

\* Attach a copy of student's *résumé* or *curriculum vitae*.

### Practicum Placement Information

<b>Practicum Title/Topic:</b>			
<b>Practicum Work Schedule:</b>	Hours Per Week: <small>**See Guidelines.</small>	Start date:	End Date:

### Practicum Placement Organization & Supervisor Information

<b>Institution/Organization/Agency:</b>			
<b>Address:</b>			
<b>Specific Practicum Location/Office:</b>			
<b>Practicum Supervisor &amp; Contact Information:</b>	Supervisor Name:	Position:	
	Phone Number:	E-Mail Address:	

\* Provide description of the Placement Organization and Practicum Supervisor on the next page.

## General Goals of the Health Studies Practicum Placement

### ***What are the goals of the practicum placement, from the perspective of the Health Studies student?***

*What professional working skills and/or health-related career competencies does the student hope to develop through this practicum placement? What advantage can the student gain from exposure to the regular and/or uncommon operations of the organization?*

## Practicum Placement Organization & Supervisor

### ***What is the Health Studies relevance of this Placement Organization and why is it an appropriate place to carry out the activities of the practicum placement?***

*What area of health policy, service, care provision, training, research, or oversight does the Placement Organization address and/or what is its relevance to the health of Canadians? Describe the organization's involvement in the particular kind(s) of professional activities that the student wants to gain experience with and indicate the benefit(s) offered.*

### ***What are the professional background and qualifications of the Practicum Supervisor?***

*Provide a brief biographical-sketch of Practicum Supervisor, including education and/or training credentials and describing current position/role responsibilities which demonstrate his/her ability to provide the kind of experience that the student is seeking.*

### ***What are the goals of the practicum placement, from the perspective of the Placement Organization and how will this practicum experience meet the needs/goals of both the student and the Placement Organization?***

*Describe the fit between this student and the Placement Organization, explaining how the student's skills can be of use to the organization, how this practicum placement can help the organization to meet its mission/goals, and identifying shared goals.*

## Specific Practicum Activities & Outputs/Products

**What role is the student expected to perform for the Placement Organization during the practicum placement and what are the specific activities s/he will be asked to carry-out?**

Provide as much detail as possible about the student's day-to-day tasks and the expectations for practicum outputs/products —not including the University College Research & Practice Day poster, which the student is expected to present as the final academic course project. Include any relevant due dates or specific dates/times the student is required to be present at the worksite. Note that in order to receive university course credit for this practicum experience, **students may not receive any payment for carrying-out the work described.**

\* If these practicum activities change significantly, a **Health Studies Practicum Amendment Form** should be submitted.

## Student Supervision & Evaluation

The Practicum Supervisor must be willing and able to provide ongoing hands-on direction to the student, and to ensure that the tasks given to the student contribute meaningfully to his/her learning. The supervisor should also be able to commit to filling out at least two Health Studies Practicum Progress Reports and the Practicum Final Evaluation Form as these constitute significant contributions to the student's course grade. Students should receive at least one Progress Report from their practicum supervisor prior to the last day to drop the course (in January) and Final Evaluations must be submitted by the last day of classes (in April, before exams).

\* For more information, see **Progress Report** and **Final Evaluation** forms as well as the **Health Studies Practicum Course Guidelines**. Consult the **University of Toronto Arts and Science Calendar** for specific term dates and course-drop dates.

**How will the Practicum Supervisor oversee and evaluate the student's work?**

Describe the plan for student supervision and the basis on which the student's work will be evaluated.

**When will Practicum Progress Reports be submitted?**

1 <sup>st</sup> Report Due:	2 <sup>nd</sup> Report Due:	Final Evaluation Due:
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\* Note that requests for accommodation or extension of these deadlines due to illness or other extenuating circumstances must be made to the Course Instructor (not the Practicum Supervisor) as early as possible, and that supporting documentation will be required.

## Workplace Safety & Accident/Injury Insurance Coverage Information

In accordance with the *Ontario Workplace Safety Insurance Act*, all post-secondary students involved in practicum, internship, or apprenticeship placements must be covered by medical insurance for accidental injury that may occur 'on the job' at the placement site. This insurance coverage is provided by the Ontario Ministry of Colleges & Universities through the Workplace Safety & Insurance Board (WSIB) for student trainees enrolled in PHS400 and participating in unpaid work placements with organizations that are either compulsorily covered by the WSIB or that have voluntarily applied to have WSIB coverage. The Ministry also provides private insurance coverage for

students whose unpaid placements are with organizations that are not required to have compulsory coverage under the *Act*. To ensure this coverage, all placement organizations must have entered into an institutional **Student Placement Agreement** with the University of Toronto, which must be officially in-force throughout the placement period. Students must also complete a **Student Declaration of Understanding** about workplace safety issues and WSIB coverage, copies of which must be provided to the placement organization and to the University College Office of Academic Services along with this Practicum Agreement. All accidental injuries incurred or illnesses/diseases contracted while participating in an unpaid work placement must be reported immediately to the Practicum Supervisor and workplace safety officers at the placement organization as well as to the PHS400 Course Instructor and the University College Office of Academic Services. Claims for such injuries/illnesses must be made by submitting a **Post-Secondary Student Unpaid Work Placement Workplace Insurance Claim** form to the University College Office of Academic Services.

Is there an institutional <b>Student Placement Agreement</b> between UofT and placement organization in place?	**Re-quired
Is a signed <b>Student Declaration of Understanding</b> about workplace safety and WSIB coverage attached?	**Re-quired

\* Be aware that the University of Toronto will be required to disclose the student's personal information as it relates to the unpaid work placement and any WSIB accident/injury claim.

## Signatories to this Agreement

By signing below, I, the **Public Health student**, agree to undertake the PHS400 practicum through:

- fulfilling all tasks agreed-to as part of the practicum, carrying-out the work specified in this agreement;
- meeting regularly with my Practicum Supervisor for guidance and evaluation of my efforts; and
- taking part in any safety, security, or procedural training that may be required by the placement organization.

I also agree to participate fully in the PHS400 coursework, including:

- attending class meetings to share experiences and personal reflections on undertaking the practicum;
- submitting assignments and periodic progress evaluations, as specified in the course outline; and
- presenting a poster on the practicum experience at the University College Research & Practice Day.

<b>Public Health Practicum Student:</b>	Signature:	
	Written Name:	Date:

By signing below on behalf of the placement organization, I, the **Practicum Supervisor**, agree to provide regular direction and oversight to the student during the course of the practicum placement, including regular in-person meetings and training (as described above). I also agree to hold the student to the expectations set by the University of Toronto in terms of academic integrity and research ethics, and to notify the PHS400 Course Instructor about any concerns I might have with the student's progress in the course as soon as any problem is identified.

<b>Practicum Supervisor:</b>	Signature:	
	Written Name:	Date:

By signing below, I, the **PHS400 Course Instructor**, confirm that I have read and approved this practicum proposal and have met with the Public Health Student and/or Practicum Supervisor to discuss it. Based on the information presented to me, I believe this practicum placement is suitable for course credit in PHS400Y – Public Health Practicum and that the student should be officially registered in the course.

<b>PHS400 Course Instructor:</b>	Signature:	
	Written Name:	Date:

Any questions or concerns about this Agreement should be addressed to the University College at the Public Health Program Assistant at: uc.academicsservices@utoronto.ca or 416-978-8083, or the University College Office in Room UC173, King's College Circle, Toronto, Ontario