

## Non-Clinical Student Placement Request

A Non-clinical Placement is a non-paid placement that refers to a discipline that would not be directly involved with patient care such as power engineers, accounting, finance, administrative assistants, public health or healthcare administrators, vocational programs and project managers.

For further information contact [student.strategies@ahs.ca](mailto:student.strategies@ahs.ca)

**Any incomplete forms will be returned and could possibly delay your placement request.**

Student		
Name	Phone Number	
Email	Birthdate (yyyy-Mon-dd)	
Educational Institution		
Name of Educational Institution		
Address	City	
Province	Postal Code	
Program Enrolled In	Website Link to Program Information	
Current Program Year (e.g. year 1, 2, 3 or 4)	Expected Graduation date (yyyy-Mon-dd)	
Instructor/Placement Coordinator		
Name	Title/Position	
Email	Phone Number	
Placement Request		
Name of AHS Facility Requested		
Address	City	
Province	Postal Code	
Requested Department	Program/Service	
Start Date (yyyy-Mon-dd)	End Date (yyyy-Mon-dd)	Total Hours
Start Time	End Time	
Comments		

Your personal information on this form is collected under the legal authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. The information will be used by or disclosed for the purpose of Job Shadowing. For questions, concerns or more information about the collection, use or disclosure of your personal information, please contact Student Engagement by email at [student.strategies@ahs.ca](mailto:student.strategies@ahs.ca)

**If a non-clinical placement cannot be supported at the location requested would you be willing to have your placement commence in an alternate rural area?**

No  Yes - if **YES**, please provide AHS employee contact information below:

Name of AHS Facility Requested

Address

City

Postal Code

**Has the student, instructor or placement coordinator contacted an AHS employee who has agreed to accommodate the placement?**

No  Yes - if **YES**, please provide AHS employee contact information below:

AHS Employee Name

Position/Title

Work Phone

Email Address

Site *(no abbreviations)*

Department *(no abbreviations)*

Program/Unit

City

Please email this completed form with the following **required documents** to [student.strategies@ahs.ca](mailto:student.strategies@ahs.ca)

Program/Course Outline

Objectives of Placement

Proof of Enrollment

Resume/Cover Letter

HSPnet Consent Form [http://hspcanada.net/docs/Policies\\_Consent/student\\_consent\\_form\\_all.pdf](http://hspcanada.net/docs/Policies_Consent/student_consent_form_all.pdf)

**Once a placement has been confirmed the student must provide the following documents to the Educational Institution PRIOR to their placement start date.**

Criminal Record Check *(a Vulnerable Sector Search may also be required)* - 90 days from collection

Immunization Records

Signed AHS Confidentiality and User Agreement obtained by completion of the AHS Privacy Training <http://www.albertahealthservices.ca/info/Page3962.aspx>

**The Educational Representative is required to confirm the documents listed above are on file at the Educational institution.**

*Non-Clinical placements are subject to operational needs and constraints and are confirmed at the department manager's discretion. AHS reserves the right to suggest an alternative facility or location.*

For further information on Student Program Prerequisites, please click on the following link:

<http://www.albertahealthservices.ca/careers/Page12872.aspx>

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