

## High School Work Experience 15-25-35 Planning Tool

This tool is designed to support the process of bringing High School Work Experience students into the AHS environment. AHS Mentors, Off Campus Coordinators & Students are encouraged to use this tool to ensure that the details of each placement are mutually agreeable and that all documentation is collected in an appropriate and timely manner. For more guidance on the use of this tool, AHS Mentors may access the Mentor's Guide to High School Work Experience and Off Campus Coordinators may access the FAQ for Off Campus Coordinators & Parents on the AHS Website.

Student & Parent Contact Info		
Student Name ( <i>Last, First</i> )		Phone
Mailing Address ( <i>Street, City/Town, Prov., Postal Code</i> )		Student E-mail
Parent/Guardian Name ( <i>Last, First</i> )		Phone
Mailing Address ( <i>if different from above</i> )		Parent E-mail
Work Experience Details		
Facility Location & Unit/Dept		Name of AHS Mentor ( <i>Last, First</i> )
# of credit hours required	Placement Date From ( <i>dd-Mon-yyyy</i> )	Placement Date To ( <i>dd-Mon-yyyy</i> )
Scheduling Notes ( <i>hrs per day, days per week, etc.</i> )		
Secondary Institution Contact Info		
Off Campus Coordinator Name ( <i>Last, First</i> )		Phone
Institution Name		Contact E-mail
Institution Mailing Address ( <i>Street, City/Town, Prov., Postal Code</i> )		
The following sections outline the responsibilities of each party in the agreement. The timeline should be discussed and mutually agreed upon, keeping in mind that obtaining the appropriate signatures & documents may take a considerable and varied timeframe.		
Off Campus Coordinator Responsibilities	Timeline	Complete
Ensure the AHS Off Campus Education Agreement is completed and signed by the School Representative, the Student and Parent.		<input type="checkbox"/>
Obtain a copy of the School/School Division's student liability insurance certificate ( <i>\$5 million required</i> ).		<input type="checkbox"/>
Ensure that the following information is collected and maintained on file with the school.		
Criminal Record Check ( <i>no later than 90 days prior to the placement- see FAQ for Off Campus Coordinators &amp; Parents regarding non-clear checks</i> ).		<input type="checkbox"/>
Vulnerable Sector Search ( <i>for individuals with direct patient contact, no later than 90 days prior to the placement</i> ).		<input type="checkbox"/>
Immunization records ( <i>Rubella vaccination required – see FAQ for Off Campus Coordinators &amp; Parents for other recommended vaccinations</i> ).		<input type="checkbox"/>
By checking 'Complete' and providing a signature below, the Off Campus Coordinator is indicating that all the tasks listed above are complete. The criminal record check, vulnerable sector search and immunization records must be maintained by the school board for a minimum of 11 years and must be made available upon request by AHS.		
Off Campus Coordinator Signature		Date ( <i>dd-Mon-yyyy</i> )

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AHS Responsibilities (Mentor & Student Engagement & Employment)	Timeline	Complete
Discuss and agree upon the terms of the placement ( <i>see Work Experience Details on Page 1</i> ) with the Off Campus Coordinator.		<input type="checkbox"/>
Discuss and agree upon the expectations and risks of the placement with the Off Campus Coordinator.		<input type="checkbox"/>
Receive the following from the Off Campus Coordinator: <ul style="list-style-type: none"> <li>• AHS Off Campus Agreement (<i>Signed</i>)</li> <li>• Liability Insurance Certificate (<i>See FAQ for Off Campus Coordinators &amp; Parents, if multiple students will be covered by the same policy</i>)</li> <li>• First page of this form (<i>Signed</i>)</li> </ul>		<input type="checkbox"/>
Make a copy of the signed first page of this form for reference during the Work Experience.		<input type="checkbox"/>
Forward the following to: <i>Student Engagement &amp; Employment</i> <i>Box 1000,</i> <i>Ponoka, AB, T4J 1R8</i> <ul style="list-style-type: none"> <li>• AHS Off Campus Agreement (<i>Original Signed</i>)</li> <li>• Liability Insurance Certificate</li> <li>• First page of this form (<i>Original Signed</i>)</li> </ul>		<input type="checkbox"/>
Receive notification from Student Engagement & Employment ( <i>via e-mail</i> ) that the agreement has been signed by the, Director of Recruitment Strategies. This signature indicates that the work experience may now commence.		<input type="checkbox"/>
Obtain a nametag for the student. ( <i>A generic 'Work Experience Student' or 'Secondary Student' ID is acceptable</i> ).		<input type="checkbox"/>
Have the student watch the Information & Privacy and IT Security & Awareness video and complete the online learning module. Review the Confidentiality & User Agreement & obtain the student's signature. Mail the Certificate of Completion and the signed Confidentiality & User Agreement to: <i>Student Engagement &amp; Employment</i> <i>Box 1000,</i> <i>Ponoka, AB, T4J 1R8</i>		<input type="checkbox"/>
Ensure that the student receives orientation ( <i>see FAQ for AHS Mentors for further direction</i> ).		<input type="checkbox"/>
Provide the student with any evaluation feedback that is requested.		<input type="checkbox"/>
When the placement is complete, confidentially destroy any copies of the student's information. <b>Student Engagement &amp; Employment will maintain original records which may be accessed later if necessary (<i>i.e.: in the event that a latent contagious illness is identified</i>).</b>		<input type="checkbox"/>

For further guidance, contact us at [Student.Strategies@albertahealthservices.ca](mailto:Student.Strategies@albertahealthservices.ca)