

External Participant Job Shadow Request

Please complete the following form and submit it to the prospective Job Shadow Host, or if you are still searching for a host and require assistance, submit the form by e-mail to student.strategies@albertahealthservices.ca

Alberta Health Services encourages our employees to volunteer and support job shadowing requests. Please respect our employee's decision to approve or deny the request based on resources and availability.

Requestor's Information	
Name	
Phone number	E-mail address <i>(we use this to communicate with you)</i>
Identify the reason for the request	
<input type="checkbox"/> Prospective student (Admission requirement)	
<input type="checkbox"/> Current student (Program requirement)	
<input type="checkbox"/> General career exploration	
<input type="checkbox"/> Other <i>(specify)</i> :	
If you are a prospective or current student, please fill in the following information	
Educational institution	
Program name	
Job Shadow Request Information	
Occupation/profession to job shadow	
Department name/area of interest	
Facility name	
City	
Requested date(s) for job shadow experience <i>(yyyy-Mon-dd)</i>	
Proposed length of job shadow experience <i>(e.g. 1 day)</i>	

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@albertahealthservices.ca

External Participant Job Shadow Request

Learning Goals and Objectives

Tell us what you hope to learn from this job shadowing experience.

Job Shadow Host Information - Only complete this section if you already have a Job Shadow Host (AHS Employee) or Department Manager to submit the request to. If the request is approved by the AHS Employee and/or Department Manager, please proceed by completing the External Participant Job Shadow Enrollment Record as well as the other mandatory requirements prior to your observational experience.

AHS Employee Name	AHS Employee Phone Number
Position Title	Department

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@albertahealthservices.ca