



## Consent for Collecting and Disclosing Student Information and Acknowledgment of Procedures for Practicum Placement

This consent form outlines the process for collecting and sharing personal student information within the Faculty of Health Sciences as well as with prospective practicum agencies. Any questions about this form can be directed to the Internship Specialist (403-329-2576).

|  |            |                |
|--|------------|----------------|
| Last Name                                  | First Name | Middle Initial |
| University of Lethbridge Student ID Number |            |                |

**PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW**

**Regarding collection and disclosure of my personal information, by signing this form:**

- I authorize the Faculty of Health Sciences to collect and disclose information about me with administration, faculty, and support staff, practicum site administration, teaching and support staff, and others as appropriate. Types of information may be information about my name, practicum placement requirements, learning needs and goals, and other information, as appropriate, for my success in the program.
- I understand that this consent is valid for the period leading up to practicum placement, and placement process.

**Regarding acknowledgement of procedures, by signing this form:**

- I acknowledge my receipt and understanding of the terms and conditions of the major as outlined in the Student Handbook, Course Syllabi, and University of Lethbridge Calendar.
- Further, I understand that failure to meet requirements (e.g., health requirements, police information check, current First Aid and CPR, or any additional documentation that is required by program/agency) for practicum placement may result in my practicum placements not being facilitated.

|   |        |      |       |
|---|--------|------|-------|
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Student Signature |        |      |       |
| DATE OF SIGNING   | MONTH: | DAY: | YEAR: |

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act ("Act") and will be protected under Part 2 of the Act. The information is collected for the purpose of practicum placement processes. If you have any inquiries in regards to the collection of your personal information, please direct those inquiries to: FOIP Coordinator, University of Lethbridge, 4401 University Dr. West, Lethbridge, Alberta T1K 3M4, telephone: 403-332-4620, email: foip@uleth.ca.