

Use this form to:

- Request approval for off-campus practica or internship, which involve being physically in the practicum setting. If a program has been given program-wide approval, individual students within the program do not need to complete this form. Check with the program to confirm before completing this form.

Instructions:

1. Complete sections 1, 2 and 3.
2. Complete and append, the Pre-placement Due Diligence Checklist and Pre-placement Safety Checklist for students, as found on the [Safety Office website](#).
3. If your placement is unpaid, also complete and append the Letter to Student Employers and Student Declaration, as found on the [Safety Office website](#).
4. Follow the guidelines from the [Region of Waterloo Public Health](#) and the UWaterloo [Safety Office](#) including those for physical distancing.
5. Familiarize yourself with the protocols as outlined on Waterloo's [COVID-19 information website](#). This contains important information and is updated regularly.
6. Submit the completed form and any additional documentation to your Program Director/Associate Chair, Graduate Studies. Your academic program will forward the form to the Faculty Associate Dean's Office and Graduate Studies and Postdoctoral Affairs for approval or acknowledgment.

For more information review the [Graduate Studies and Postdoctoral Affairs practica and internships webpage](#).

Section 1: Student information

University of Waterloo student identification number _____

Last name(s) _____ First name(s) _____

Email _____ Faculty (e.g. Arts) _____

Department or School (e.g. History) _____ Program (e.g. MASC, ECE) _____

Section 2: Practicum information

Practicum location (organization, site) _____

Start date (mm/dd/yy) _____ End date (mm/dd/yy) _____

Course/milestone practicum is associated with _____

The placement is: paid unpaid*

* If unpaid, confirm that you have workers compensation/accident insurance to cover the activities within this placement. Refer to the [Safety Office](#) for information regarding unpaid student work. Append the Letter to Placement Employers and Student Declaration provided by the [Safety Office](#). Your Program Director should also be provided with a copy of these documents.

Last name(s) of supervisor in placement _____

First name(s) of supervisor in placement _____

Supervisor email _____ Supervisor phone _____

Provide a summary of the practicum activities you will be undertaking in this placement (including number of hours/days per week). In particular, describe exposure to other individuals within the setting (e.g., clinical clients/patients; other employees). Please outline how travel to the placement site will be undertaken (i.e., travel to the general location, if the placement is located in a different city/province/country, and/or the daily commute to the placement).

Provide a rationale for request to engage in the activity (e.g., indication as to how activity is important to your program requirements / training), as well as why activities cannot be conducted remotely.

Explain the safety precautions/procedures that will be followed within the practicum/internship setting as dictated by Public Health guidance related to the COVID-19 (e.g., physical distancing measures; PPE; emergency contact within this setting). If relevant, also include information about the professional college that regulates your activity within the setting.

Section 3: Student declaration, consent and signature

- I confirm that this practicum is an integral aspect of my academic and/or professional training.
- I confirm I am aware of the safety protocols and precautions in place within the setting – and know who to contact should an issue arise.
- I confirm that I will follow all guidelines regulating my behaviour (from the setting, from Public Health, and, if applicable, from my professional regulating body).
- I confirm that I have insurance that will cover the activities of this placement.
- I confirm that should I contract COVID-related illness, I will immediately contact my local public health authority for medical support and will follow University of Waterloo [procedures for student protocols](#) at the soonest possible time. I am aware that, if I inform my University of Waterloo Program Director or Associate Chair, they will follow the University [procedures for student disclosures](#).

Student signature _____ Date (mm/dd/yy) _____

Section 4: Approvals and signatures

Program Director/Associate Chair, Graduate Studies _____ Date (mm/dd/yy) _____

Faculty Associate Dean, Graduate Studies _____ Date (mm/dd/yy) _____

Jeff Casello, Associate Vice-President, GSPA _____ Date (mm/dd/yy) _____