

External Participant Job Shadow Enrollment Record

Prior to the commencement of the job shadowing experience, please review, sign and submit this enrollment record by **e-mail** to student.strategies@albertahealthservices.ca or **fax** to 403.704.2580 (Please utilize long distance code when applicable).

The Job Shadower will be required to complete the AHS Information & Privacy and IT Security & Compliance course. Upon completion of the course, the Job Shadower must sign and submit the mandatory AHS Confidentiality & User Agreement to the Manager of the department that will be hosting the job shadowing experience.

Check (✓) completed requirements: AHS Confidentiality & User Agreement
 Immunization Record

All applicable fields must be completed for your request to be processed.

Participant Information		
Name (First, Last)	Phone Number	E-mail Address
AHS Employee (Host) Information		
Name (First, Last)	Position Title	
Work Phone Number	E-mail Address	
Department/Unit (No abbreviations)	Site (No abbreviations)	
City	Zone	
Job Shadow Information		
Start Date (yyyy-Mon-dd)	End Date (yyyy-Mon-dd)	
Start Time (hh:mm)	End Time (hh:mm)	
Secondary School Job Shadow Program (Only complete this Section if participating in a Secondary School Job Shadow Program.)		
Name of Student's Secondary School		
Name of School Contact (First, Last)	Phone Number	E-mail Address
Title	Signature	Date (yyyy-Mon-dd)

The 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 employment purposes. For questions, concerns or more information about the collection, use or disclosure of the personal information, please contact Information and Privacy at 1-877-476-9874 or by email at privacy@albertahealthservices.ca

Consent & Confidentiality Agreement

AHS supports opportunities for Job Shadow Participants to job shadow a host for one day. As the healthcare environment may be unfamiliar, the Host and Manager must ensure that the Job Shadower is aware of and complies with the policies, directives and practices (*together referred to as "rules"*), such as confidentiality and safety.

Please read the following statements that are to be adhered to by the Employee (*Host*) and corresponding Manager.

- I would like to participate and host a Job Shadower at AHS.
- I agree that it is my responsibility that the Job Shadower complies with all policies including confidentiality. I will explain to the Job Shadower that AHS has a legal and ethical responsibility to safeguard the privacy of all patients/residents/clients and to protect the confidentiality of their personal information. My Job Shadower agrees to abide by the AHS policies and procedures concerning confidentiality and release of information.
- I understand that all personal and health information the Job Shadower is privy to is private and confidential. The Job Shadower agrees not to discuss with anyone any individual's identifying personal or health information that they may come into contact with while participating.
- I understand that I may be held responsible for any improper conduct of the Job Shadower, including but not limited to any breach of privacy or confidentiality.
- I agree that I will not hold AHS liable or responsible for injury suffered to the Job Shadower while participating howsoever caused.
- I agree to indemnify AHS for any loss that it may sustain as a result of the Job Shadowers participation.
- I understand that in order to participate in the program, the Job Shadower is required to have the Rubella vaccine (German Measles). It is also strongly recommended for the Job Shadower to have the following vaccinations and/or immunizations: Pertussis (Whooping Cough), Tetanus + Diphtheria, Measles, Mumps, Polio, Hepatitis B, Varicella (Chickenpox), Seasonal Influenza and Tuberculosis skin test.

Job Shadow Participant Consent

By signing below, the Job Shadower states that he/she understands the detailed content of this Consent and Confidentiality Agreement and the Manager and Employee (*Host*) have reviewed it with him/her.

Signature of Job Shadow Participant	Date (yyyy-Mon-dd)
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Parent/Guardian Consent

Parent/Guardian must sign below if the participant is a minor (*under the age of 18 years*) stating that they understand the detailed content of the Consent and Confidentiality Agreement.

Name of Parent/Guardian	Signature	Date (yyyy-Mon-dd)
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Employee (*Host*) & Manager Consent

By signing below, the Employee (*Host*) and Manager state they have

- Reviewed the content of this Consent and Confidentiality Agreement with the Job Shadower.
- Determined that the Employee's work area is a suitable environment for participation.
- Discussed any work area specific restrictions regarding participation directly with the Job Shadower.

Signature of AHS Employee (<i>Host</i>)	Date (yyyy-Mon-dd)
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Name of AHS Employee's Manager	Signature	Date (yyyy-Mon-dd)
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