



FACULTY OF EDUCATION

Practicum Office
Duncan McArthur Hall
511 Union Street
Kingston, Ontario, Canada K7M 5R7

We are delighted to hear that you have agreed to host one of our BEd Teacher Candidates for all or part of the three-week Alternative Practicum. This candidate has chosen to volunteer with you as part of their area of study for the Program Focus course.

Teacher Candidates participating in an alternative setting as part of their practicum experience are covered for liability through Queen's University. If the Teacher Candidate is required to take on duties in addition to the regular clinical practice of the setting, liability must be covered by the host institution, and a letter must be provided by the supervisor of the institution deeming the Teacher Candidate responsible.

The Ministry of Education and Training will provide compensation insurance for Teacher Candidates completing their practicum in a private or alternative setting as long as the setting participates in Worker's Compensation. An Education Placement Agreement form is enclosed. Candidates are asked to fax or mail the Education Placement Agreement form to the Practicum Office immediately upon starting the placement.

Candidates completing their practicum in a private or alternative setting that does not participate in Worker's Compensation will be covered by the Ministry of Education and Training through The Hartford Insurance Company.

We have enclosed a Record of Practicum Experience form for you to complete at the end of the practicum. The candidate must complete a minimum of 90 hours in total. If the candidate is working with you for part of the Alternative Practicum, the hours completed with you will be combined with the hours completed in other settings. This form outlines the tasks and duties the Teacher Candidate completed during the practicum and will be kept on file, as well as being included in their professional portfolio. Please ensure the form is completed at the end of the practicum so the Teacher Candidate can submit it to our office upon their return.

Again, we thank you for participating in this important component of the BEd program. We anticipate that you and the Teacher Candidate will benefit from this experience.

Sincerely,

Peter Chin,
Associate Dean,
Undergraduate Studies.



The information on this form is required to maintain the employment record of the training participant and is collected under the authority of the Workplace Safety and Insurance Act, 1997, c.16, s.21, 22; and the Ministry of Colleges and Universities Act, R.S.O. 1990, c.M.19, s.5, and Order-in-Council 701/85. Because the Ministry of Education covers the cost of workers compensation and private insurance coverage, the Ministry may use this information to verify the legitimacy of claims. Inquiries regarding this form should be directed to the Ministry of Education, 8th Floor, Mowat Block, 900 Bay Street, Toronto, Ontario, M7A 1L2. Telephone (416) 325-2547.

Les renseignements conserus dans ce formulaire sont requis pour tenir à jour le relevé d'emploi de la personne recevant une formation. Ils sont recueillis en vertu des articles 21 et 22 de la Loi de 1997 sur la sécurité professionnelle et l'assurance contre les accidents du travail, de l'article 5 de la Loi sur le ministère des Collèges et Universités L.R.O. 1990, chap. M.19 et du décret 701/85. Étant donné que le ministère de l'Éducation assume le coût de l'assurance contre les accidents du travail et de l'assurance privée le ministère peut utiliser ces renseignements pour vérifier la légitimité des demandes. Pour toute question sur ce formulaire, s'adresser au ministère de l'Éducation, 8e étage, édifice Mowat, 900, rue Bay, Toronto, ON M7A 1L2, téléphone: (416) 325-2547.

Date Completed / Rempli le

Please print. / En caractères d'imprimerie

A. Parties to the Agreement / Parties contractantes

1. Name of training participant / Nom du-de la participant-e à un stage de formation	Date of birth/Date de naissance	Age/Âge	Sex / Sexe
Address / Adresse	Home phone no. / N° de tél. (domicile)	Postal Code / Code postal	
Program / Programme			

2. Name of work placement employer / Nom de l'employeur	Name of training supervisor / Nom du-de la superviseur-e de la formation		
Address / Adresse	Telephone no. / N° de telephone	Postal Code / Code postal	

3. Post Secondary Institution / Établissement postsecondaire Faculty of Education, Queen's University	Name of contact person / Personne-resource Dr. Peter Chin, Associate Dean, Undergraduate Studies		
Address / Adresse Duncan McArthur Hall, 511 Union St., Kingston, ON K7M 5R7	Telephone no. / N° de telephone 613-533-6210	Postal Code / Code postal K7M 5R7	

B. Specific Time at Training Station / Durée du stage et horaire

1. **Period of Agreement / Durée de l'accord**
The training participant, from /
Le-la participant-e au stage de formation devra, du _____ 20 ____ to / _____ 20 ____
a
shall be involved in work activities as part of the above educational /training program as
dans de cadre du programme de formation susmentionné, exécuter les tâches de _____
Teacher Candidate
(job title / désignation de fonction)

2. **Hours of Training / Heures de travail** The normal hours of training shall be from /
les heures de travail habituelles seront de _____ to / _____
à _____

3. **Schedule of Training / Jours de travail** Identify the days when the training participant will be at the work placement (or attach training participant's schedule). / Inscrive les
jours où le-la participant-e sera en stage de formation (ou joindre son emploi du temps).

(days of training / jours de travail)

C. Workplace Safety and Insurance Board Coverage / Assurance de la Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

1. Workplace Safety and Insurance Board coverage will be provided at the work placement by / Les primes de l'assurance de la Commission seront versées par
the Ministry of Education / le ministère de l'Éducation for the entire period / pour toute la durée du stage

2. Number of work placement hours for which Workplace Safety and Insurance Board Coverage has been provided (To be completed after completion of work placement component) / Nombre d'heures en stage de formation pour lesquelles l'assurance de la Commission a été fournie par (remplir une fois le stage terminé)
By the Ministry of Education / le ministère de l'Éducation 20 ____ [] 20 ____ []

D Private Insurance Coverage / Assurance privée

1. Private insurance coverage will be provided in the event that the work placement employer is not covered by the Workplace Safety and Insurance Board Coverage / Si l'employeur ne bénéficie pas de l'assurance de la Commission, une assurance privée sera retenue par
By the Ministry of Education / le ministère de l'Éducation for the entire period / pour toute la durée du stage

2. Number of work placement hours for which private insurance has been provided (To be completed after completion of work placement component) / Nombre d'heures en stage de formation pour lesquelles l'assurance privée a été retenue par (remplir une fois le stage terminé)
By the Ministry of Education / le ministère de l'Éducation 20 ____ [] 20 ____ []

E Signatures of Parties to the Agreement / Signature des parties contractantes

Training participant / Participant-e au stage de formation	Parent/Guardian (if applicable) / Père, mère, tuteur ou tutrice (le cas échéant)
Work placement employer / Employeur	Post-secondary Institution / Établissement postsecondaire



Faculty of Education
Queen's University
511 Union Street
Kingston, Ontario K7M 5R7
613-533-6202 FAX: 613-533-6596

RECORD OF ALTERNATIVE PRACTICUM EXPERIENCE

Candidate: _____

Host Professional: _____

Host Institution: _____

Phone: _____ FAX: _____ email: _____

Grade/Subject/Focus: (if applicable) _____

Dates of Practicum: _____ to _____

Number of Hours: _____

The teacher candidate's tasks, duties, and activities during the placement were to:

Comments: (attach a separate sheet if you like)

Signature of Supervisor/Host: _____

Date: _____

Signature of Teacher Candidate: _____

It is the responsibility of the teacher candidate to submit a copy of the *Record of Alternative Placement Experience* form to the Practicum Office, and FOCI instructor (where applicable).