



Transitional Vocational Program
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Employment Preparation Certificate Program Work Practicum Job Details

Date: _____

Student Name: _____

Student Phone Number - Home: _____ **Mobile:** _____

Position: _____ **Rate of Pay:** _____

Company Name: _____

Company Address: _____

Name of Direct Supervisor: _____ **Phone Number:** _____

Work Practicum Start Date: _____ **End Date (if applicable):** _____

Work Schedule - Days: _____

Times: _____

Breaks: _____

Dress Code: _____

(Acknowledgement)

Employer Signature: _____ **Title/Position:** _____

Student Signature: _____

Legal Guardian Signature (if required): _____

Employment Specialist Signature: _____

The personal information that you provide to Mount Royal University is collected under the authority of the *Post-Secondary Learning Act* and the *Alberta Freedom of Information and Protection of Privacy Act* ("FOIPPA") – section 33(c). The information will be used for the purposes of administering your work placement. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with FOIPPA and can be reviewed or corrected on request. Questions regarding the collection of personal information can be directed to the TVP Office: phone: 403.440.6872, email: tvpm@mtroyal.ca.

