

DECLARATION ACKNOWLEDGEMENT FORM

St. Joseph's Placement Agreement and Required Learning Modules

Thank you for completing the on-line required learning program. It has provided you with important information pertaining to your placement experience at St. Joseph's. It is expected that you will apply this information while on placement and remain up to date on relevant policies and procedures.

By submitting this form, you verify that you have completed all of the orientation modules as outlined in the Required Learning Chart for your student role. You will receive credit for completing the modules, which is required for registration with Student Affairs, prior to your start date.

DECLARATION

I acknowledge completion of the mandatory modules as outlined in the Required Learning Chart for my student role and agree to the required e-learning responsibilities listed above.

Academic Institution: Academic Program:

First Name: Last Name:

Date of Birth: (EG. 12/31/95) Placement Start Date: (EG. 12/31/19)
MONTH DAY YEAR MONTH DAY YEAR

Placement Site Location(s):

Mount Hope Centre for Long Term Care
St. Joseph's Hospital
Parkwood Institute's Mental Health Care Building
Parkwood Institute's Main Building
Southwest Centre for Forensic Mental Health Care
St. Joseph's Family Medical and Dental Centre

St. Joseph's Placement Program/Unit:

Submitted and Confirmed By:
SIGNATURE PRINT NAME

On This Date: (EG. 06/17/21)
MONTH DAY YEAR

WHEN COMPLETE



Please save this form with your full name and today's date.
(eg. john-smith-01-25-19.pdf)



Email this form to your school placement coordinator.