

## CLINICAL OBSERVERSHIP / JOB SHADOWING APPLICATION FORM

The Northwest Territories Health and Social Services System (HSS System) Clinical Observership and Job Shadowing Programs (the Programs) are for NWT residents seeking in-person learning opportunities related to health and social services professions.

The Programs match Applicants with health and social services professionals (Mentors) in their field of interest for an extended, unpaid workplace visit. This provides Applicants with an opportunity to learn first-hand aspects of a profession, while observing Mentors in their day-to-day work. Participants in either program will not be granted independent access to facilities and resources and will not provide any services.

### Part A - Program Selection

Select the program option that applies to you:

#### Clinical Observership

The HSS System Clinical Observership Program matches Applicants with some education and/or working experience in a health and social services field with a health and social services professional (Mentor). Observerships are for a maximum of 5 weekdays.

#### Job Shadowing

The HSS System Job Shadowing Program matches Applicants who may or may not have education and/or working experience in a health and social services field with a health and social services professional (Mentor). Participants can shadow their Mentor for up to 2 half days.



## Part B – Applicant Information

First Name	Middle Name	Last Name
Street Address / PO Box		
Community	Postal Code	
Cell / Phone Number	Email Address	

## Emergency Contact

First Name	Last Name	Relationship to Applicant
Cell / Phone Number	Alternate Phone Number	

## Academic Information (if applicable)

Academic Institution	Program of Studies
Anticipated Graduation Date	Type of Program



## Learning Goals

Why are you applying for this experience? What do you hope to learn?

## Areas of Interest and Availability

\*If a mentor / placement has been identified, disregard section and proceed to Applicant Acknowledgement.

Please identify occupations of interest, the communities where you are available to do a placement, and your availability. Every effort will be made to pair you with an appropriate mentor.

**Occupations of interest** (see HSS System Occupations listing Appendix A in the Clinical Observership and Job Shadowing Program Guidelines). Note: Not all positions, even those listed, may be available due to availability of mentors and / or the nature of the work.

1 \_\_\_\_\_ 2 \_\_\_\_\_

**Communities where you are available to do a placement.** (Note: no transportation costs will be covered)

1 \_\_\_\_\_ 2 \_\_\_\_\_

**Availability (Dates / Times)**

1 \_\_\_\_\_ 2 \_\_\_\_\_

## N95 respirator mask

Yes	No	Have you been fitted for an N95 mask previously?
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If yes, please provide: the date you were last fitted for a mask:

the mask size and number:



## Applicant Acknowledgement

I acknowledge that by submitting my application, I am interested in participating in and would like to be considered for the NWT HSS System Clinical Observership or Job Shadowing Program.

- The application is complete and accurate to the best of my knowledge.
- I understand that these are unpaid opportunities, and no expenses will be reimbursed.
- I have read the Clinical Observership and Job Shadowing Program Guidelines. I accept the terms and conditions as described.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I am 18 years of age or older.

OR

I am under 18 years of age. Please have your parent or guardian consent to your participation below.

## Parent / Guardian Consent

\*Only applicable where applicant is under 18 years of age.

I am the Parent or Guardian of \_\_\_\_\_ and I give my permission for them to take part in the HSS System Clinical Observership or Job Shadowing Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

**If a Mentor has not been identified, please submit application form to:**

[PracticeNWT@gov.nt.ca](mailto:PracticeNWT@gov.nt.ca)

**If a Mentor has been identified, please send application to the Mentor so they can complete the remainder of the application.**



**The Mentor should complete the remainder of the application.**

## Part C – Placement Details

### Date and Times identified for Placement

Date	Start Time (hh:mm)	End Time (hh:mm)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
Location of Placement		

### Personal Protective Equipment required during Placement

Yes	No	Personal Protective Equipment (PPE) is required for this placement.
If yes, please detail below what PPE will be required.		
Yes	No	An N95 respirator is required for this placement.
If yes, please arrange for respirator fit testing prior to the placement by emailing <a href="mailto:OHS_NTHSSA@gov.nt.ca">OHS_NTHSSA@gov.nt.ca</a> . Respirator fit testing details should be communicated to the Applicant once confirmed.		



## Part D - Mentor Information and Sign-Off

First Name	Last Name	Employee ID
Title		
Work Location (Floor, Building, Community)		
Email Address	Phone Number	
<p>I, the mentor, have reviewed the Clinical Observership and Job Shadowing Program Guidelines and agree to participate as outlined as the applicant's mentor.</p> <p><input type="checkbox"/> My supervisor is aware of and in support of this placement.</p> <p><input type="checkbox"/> My COO/ CEO/ Executive Director is aware of and in support of this placement.</p>		
Mentor's Signature	Date	

Please submit completed application to  
[PracticeNWT@gov.nt.ca](mailto:PracticeNWT@gov.nt.ca).

*The information in this form is being collected in support of your application to the Clinical Observership and Job Shadowing Program. It is protected by the privacy provisions of the Access to Information and Protection of Privacy Act (ATIPP). If you have any questions about collection or use of the information, please contact the Manager, Talent Acquisition at (867) 767-9105 ext. 40183.*

