**Student Obligations**

The Student agrees to:

1. maintain status as a registered student of the University;
2. adhere to the University Student Code of Conduct during the placement;
3. maintain the privacy of the clients, residents and/or other persons in all instances and to respect the confidential nature of the information to which she/he is exposed;
4. act in accordance with the Learning Site’s regulations, rules, policies and procedures including appropriate laws as they apply to the Learning Site;
5. obtain all security clearances, immunizations and tests required by the Learning Site before commencing the course required placement (CRP);
6. meet with representative(s) of the Learning Site and the Faculty of Liberal Arts & Professional Studies to arrange, before or at the beginning of the CPR, the nature of the learning experience including hours, days, responsibilities, and meeting schedule with the staff supervisor;
7. provide a copy of the Learning Plan, including learning objectives to the Learning Site and the Faculty of Liberal Arts & Professional Studies early in the CRP (normally by the 2nd week); and

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of CRP student), agree to fulfill the obligations listed above as part of my placement at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Learning Site”).

I understand that WSIB or private insurance coverage will be provided through the Ministry of Training, Colleges and Universities while I am on a placement as arranged by the university as part of my program of study. I understand the implications and have had any questions answered to my satisfaction.

Course Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

PLEASE PRINT

Participant Name: Student Number:

Permanent Address:

 (street, city, province, postal code)

Permanent Telephone: (\_ \_\_)

 (Signature of Participant)  (Signature of Witness as to Signature of Participant)

Date:

 (Name of Witness)

**Privacy:** Personal information in connection with this form is collected under the authority of *The York University Act, 1965* and will be used for the purpose of administering your participation in community learning placement and related purposes. If you have any **questions about the collection, use and disclosure** of your personal information by York University, please contact: Faculty EE Program Coordinator – For a list of EE Faculty Coordinators please see the Faculty Tool Kit