

ADVENTURES IN HEALTHCARE

Presented by:  **Rotary** Club of Prince George Yellowhead

May 6 – 9, 2019*
(Travel days May 5 and May 10, 2019)

SPONSOR STUDENT REGISTRATION

DEADLINE TO RETURN TO ADVENTURES IN HEALTH CARE
January 31, 2019

Student Name: _____

Sponsor Organization: _____

Adventures in Health Care Student Registration Sponsor Information Sheet

It is the responsibility of the sponsor organization to ensure the forms are completed and returned no later than **Thursday, January 31, 2019**.

For all students being sponsored, registrations must be fully completed and **returned to your sponsor** so that the forms can be returned in a timely manner.

This work experience is offered to students who have a genuine interest in health care as a potential career.

The forms must be **completed in full**, including candidate and parent signatures.

**Parents can learn more about the program by going to
www.adventuresinhealthcare.com**

- Pages 2-4 are information sheets for the student; do not return them with the application.
- All registrations received will be notified via email in early February, 2019
- The application package includes:
 - Information: pages 2-4
 - Application: pages 1,5-8

If there are any questions regarding the application, the program, or any other information you may need, please contact :

Ron J. Davis (Rotary Club of Prince George Yellowhead):

Phone: 250-561-1314

E-mail:

info@adventuresinhealthcare.com

Adventures in Health Care **Program Outline**

THE ADVENTURE

This annual event will provide a unique opportunity for a selected group of young Canadians to come together to gain a better understanding and increased awareness of what Healthcare means to them today and in their future. Through hands on activities in medical training facilities as well as college and university laboratories, they will come away with a clearer understanding about what it means to be a "health care worker".

There is an online safety training course that all students must complete prior to attending the Adventures program. Students will be notified with unique passwords to complete the basic training course that the medical facilities require before entering the on-site laboratories.

Through meeting with current students, educators and professional workers, they will learn to appreciate what it takes to pursue their medical interests.

THE PROGRAM

The program will evolve year by year in response to the feedback from the most important people in the mix, the students. The following is a brief overview of Year 3, 2019.

Day 1 – Sunday, May 5, 2019 – TRAVEL DAY

Students will arrive in the afternoon/evening and will gather at the College of New Caledonia for orientation, dinner and an evening of getting to know one another. The program starts at 6:00 p.m.

Day 2: - Monday, May 6, 2019

The Adventure begins with breakfast with all students registering at AiMHi followed with a full day's activities at this site.

Day 3: Tuesday, May 7, 2019

A full day of activities and meals at the College of New Caledonia.

Day 4: Wednesday, May 8, 2019

A full day of activities and meals at the University of Northern British Columbia.

Day 5: Thursday, May 9, 2019 -

A full day at the University Hospital of Northern British Columbia Learning and Development Centre with lunch being hosted by the Rotary Club of Prince George Yellowhead. Final dinner and wrap up ceremonies will take place in the early evening. For those able to fly out they will return home.

Day 6: Friday, May 10, 2019 TRAVEL DAY

Travel day for those who have had to stay overnight.

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Adventures in Health Care

Instructions to Student Registrants and Sponsors

Every portion of this application must be completed. If there is a section that is not applicable to you, place “N/A” on that line.

Sponsor organizations: Please collect and return the complete application – pages 5, 6, 7 and 8 on or before January 31, 2019 to info@adventuresinhealthcare.com

Upon receipt the sponsor organization will receive a confirmation email. Communication will then start directly with the nominee and family to sign off on additional forms as well as to provide more detailed information about the event and the pre-event online safety training course.

PAGE SIX – RETURN THIS PAGE TO YOUR SPONSOR

Do you have any **dietary needs/restrictions** (eg. gluten-free, celiac, religious/cultural restrictions, lactose-free, etc):

_____ Y / N _____ If so, list:

(Note: Dietary accommodations will be made to the best of the organizers abilities)

Do you have any specific **allergies**? If so, allergic to what and what is the treatment protocol?

Please list your hobbies and/or interests:

Please list any special skills/experiences:

Please describe any volunteer work you have done:

Organization

Duties

Please list jobs or position held (if any):

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Please list courses or lectures you have taken to further your interest in health care:

Why do you wish to take part in this program?

What does being an active member of the community mean to you?

In your own words, explain why you would be a great health care professional.

PAGE EIGHT – return this page to your sponsor

School Teacher or Counsellor in support of this application: _____

Why do you recommend this student? _____

Name: _____ Position: _____
(Please Print)

Signature: _____
(Signature indicates your support of the student's application for this program.)

Please list three references (not related):

Name	Address	Phone	Relationship to you (i.e. Employer)
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NAME OF APPLICANT

NAME OF PARENT/GUARDIAN

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT/GUARDIAN

