FANSHAWE
Simcoe/Norfolk
Regional Campus

PRACTICUM HANDBOOK

DEVELOPMENTAL SERVICES WORKER

Welcome to Fanshawe College!

My name is Jackie Foreman and I am the Practicum Consultant for this program. I will be working with you throughout the field practicum process over the course of your studies here at Fanshawe College Simcoe/ Norfolk Regional campus.

As you begin thinking about what experiences you want from your practicum and where you may want to be placed, there is a Practicum Blocks: Student Information sheet for you to review.

To prepare for your field practicum, there are requirements you will need to complete. The following items are required for your participation in field practicum and need to be completed as soon as possible. These requirements are explained in more detail on the "Mandatory Requirements for Field Practicum" document. You must submit all of these documents prior to starting your first day of class. These can take time to process, so you should begin now.
These mandatory items include:

- **Standard First Aid** course certificate (either St. John Ambulance, Canadian Red Cross or equivalent) & Basic Rescuer course certificate (Level "C" CPR)
- Evidence of Good Health (Pre-Placement Health Forms)
- Police Record Check and Vulnerable Sector Screening, including a check of the Pardoned Sexual Offenders Database
- College Practicum Agreement

I look forward to working with you over the course of your program to establish positive and meaningful experiential learning opportunities while on practicum.

If you have any questions in the meantime, please contact me.

Jackie Foreman

Jackie Foreman
Practicum Consultant
Fanshawe College Simcoe/ Norfolk Regional Campus
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T: 519-426-8260 x 35033
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Practicum Blocks: Student Information Sheet

DSW Practicum Blocks

- 7 practicums

Pre-Practicum Requirements (complete 10 days before the first practicum):

- ☐ Standard First Aid/CPR Level C
- ☐ Vulnerable Sector Police Check
- ☐ Health and Immunization Form
- ☐ Practicum Agreement

Pre-Practicum Series (complete before the first practicum)

- ☐ Open Future Learning
- ☐ NVCI

Practicum Block One: Community Living Agencies

- Placement #1:
- Placement #2:
- Placement #3:

Practicum Block Two: School Placement or Remain at a Community Living Agency

- Placement #4:
- Placement #5:
- Placement #6:
- Placement #7:

Placement #7 can be completed in a non-traditional setting, though it is not mandatory.

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ACCELERATED PROGRAMS

PRACTICUM HEALTH FORMS

Pre-Placement Requirement Clearance Information
DSW and ECE Accelerated Program

In partnership with ***Synergy Gateway Verified Inc.***

Fanshawe College has partnered with Synergy Gateway Inc. to provide support and clearance for preplacement requirements. To have your documents validated you will be required to book an Electronic Requirements Verification (ERV) Review through Verified, a proprietary platform that is used by students across Ontario for the purpose of digitally collecting placement requirements and documentation for verification. Login details for Synergy will be sent to your school email once you have registered for the program and your fees have been paid.

If you're unable to find your login details, use your FanshaweOnline email as your username and click "Forgot Password." A password reset email will be sent to your FanshaweOnline email to help you regain access.

Synergy Gateway website: https://verified.sgappserver.com

YOUR ERV REVIEW

Be sure to review the list of pre-placement requirements below and have plan when and how you will be completing them. It is important to remember that some requirements may take an extended time to complete.

Once your access is activated, book an ERV Review through your *Synergy* account. For help on how to navigate *Synergy*, please log in and go to Important Forms. There you will find user guides to assist you with the process.

You are encouraged to *book* your Review early, even if you do not have all documentation in place. Do not wait until a week or two before the deadline to book your Review; Review times will fill.

Ensure all your pre-placement documents are uploaded to your account by 9:00 AM (EST) on the day of your ERV Review. You do not need to be "present" on the day of your Review – this is the date that Synergy Gateway retrieves your documents for review.

To avoid paying additional Review fees, ensure all your documentation have been uploaded *before* 9am (EST) of your ERV Review date. If documents are outstanding at this time, you will not be cleared for placement. If documentation is missing or a requirement is not complete, you will need to book a follow-up Review for an additional fee.

Once your documents have been reviewed you can download your Compliance Summary Document which will serve as a Completion Certificate. *Keep this for your records.*

Synergy Gateway Inc. is not the authority on Fanshawe College policies and deadlines. Please check with your School if you have questions about anything related to pre-placement requirements.

Please upload for your Review:

- Immunization medical form
- Blood work/lab reports (as required)
- Certification cards (as required)
- Originals of all documents

STUDENT FEES

Initial Clearance Review	$ 52.00 +TAX
Missed Review	$ 52.00 +TAX
Follow-up Review	$ 10.00 +TAX

Synergy Gateway is here to help! Contact Synergy Gateway at www.Synergyhelps.com - Submit a Help Desk ticket and they will be in touch. Their Help Desk hours are Monday to Friday, 10am – 3pm (EST), excluding holidays.

**** Important Note****

Please ensure your documents are valid until the end of your placement period. Students with requirements expiring during the placement period must renew (before expiry) and provide updated documentation to Verified by Synergy Gateway Inc. to continue to be eligible for placement. This will require another ERV Review at FULL service fees. To avoid multiple Review fees, we suggest you update all expiring documents in one Review.

FANSHAWE

Verified®

PRE-PLACEMENT REQUIREMENTS CHECKLIST	
MEDICAL REQUIREMENTS ** Students with certifications/requirements expiring during the placement period must renew (before expiry) and provide updated documentation to Verified by Synergy Gateway Inc. to continue to be eligible for placement. This will require another ERV Review and there will be a charge for this Review.*	**COMPLETED WITH DOCUMENTATION**
Immunization Form Can Be Found In The Important Forms Section Of Your Profile	
Immunization and Medical Form completed by your Health Care professional. THIS FORM MUST BE COMPLETED AND UPLOADED.	
Upload to Permit Form/Medical Documents Folder:	
Tetanus/Diphtheria/Pertussis Documented proof of two vaccinations for tetanus/diphtheria/pertussis. Last dose must be within the last 10 years	
Polio Documented proof of two vaccination for Polio	
Measles, Mumps, Rubella (MMR) Documented proof of two vaccinations or blood work results showing immunity	
Varicella Documented proof of two vaccinations or blood work results showing immunity	
Hepatitis B Documented proof of two vaccinations or Antibody Surface blood work results showing immunity	
Tuberculosis (Mantoux) – 2 Step TB Skin Test (+ 1-Step Test if required) Documented proof of a baseline 2-step TB Skin Test (TST). If 2-Step TST was completed *more than* 12 months ago, please submit it along with a current 1 step TB test. A medical follow-up with chest x-ray is required if a person has EVER had a documented positive TB Skin Test.	
Upload to Annual Vaccinations Folder:	
Influenza Optional. Influenza immunization is not usually available until October and takes 2 weeks to become effective therefore students should obtain the vaccine as soon as it becomes available.	
COVID-19 Vaccination Receipts Documented proof of vaccination. Please ensure you submit proof of all doses for you to obtain clearance.	
**** Note: Please ensure that your school immunization medical form is completed with all the information stated above. Clearance will not be issued without a completed school form signed by an HCP.**	

NON-MEDICAL REQUIREMENTS ** Students with certifications/requirements expiring during the placement period must renew (before expiry) and provide updated documentation to Verified by Synergy Gateway Inc. to continue to be eligible for placement. This will require another ERV Review and there will be a charge for this Review.*	
Upload to VSS/ Criminal Record Check Folder:	
Vulnerable Sector Search (VSS) Your local police department can provide a VSS. Valid for 6 months (must be issued within 3 months of review date)	
Upload to First Aid Folder:	
Standard First Aid Valid for 3 years	
Upload to CPR Folder:	
CPR Level C Valid until date listed on certificate	
Upload to Consent Form Folder: **Consent Forms Can Be Found In The Important Forms Section Of Your Profile**	
Placement Agreement Valid for 1 year	

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Simcoe/Norfolk
Regional Campus

Professional Practice Health Form
Simcoe/Norfolk Regional Campus
ECE & DSW Students

Name: _____	**Student ID:** _____
Program: ☐ DSW5J ☐ ECE5J	**Preferred Pronoun:** select from below

Section A: Medical Requirements

The student must provide proof of a two-step Tuberculosis (TB) Mantoux skin test. If the student received an initial two-step TB skin test more than 12 months ago, a new one-step TB skin test is required.

TUBERCULOSIS SCREENING **Initial 2-Step Mantoux Test- Mandatory**	**Date Administered**	**Date Read**	**Results (induration in mm)**
1-step			_____ mm
2-step (7-28 days after one step)			_____ mm
IF, 12 months passed since initial two-step TB skin test then below is required.			
1-step Record the date of the previous 2-step TB test in space provided above			_____ mm
Health Care Provider Initials ◯			
Students with a positive skin test (10mm or more in duration) must have a chest x-ray. **Date of x-ray (YYYY/MM/DD):**_____ **Results:**_____ Health Care Provider Initials ◯			

The student must have record of two doses of the Measles, Mumps, and Rubella (MMR) vaccine **or** provide blood work that confirms immunity.

MEASLES MUMPS AND RUBELLA	Dose 1 Date	Dose 2 Date
Date Vaccine Administered		
OR		
Date blood work was completed		
Mumps Immunity: ☐ Yes ☐ No **Measles Immunity:** ☐ Yes ☐ No **Rubella Immunity:** ☐ Yes ☐ No Health Care Provider Initials ◯		

The student must have record of two doses of the Varicella vaccine **or** provide blood work that confirms immunity.

VARICELLA (CHICKEN POX)	Dose 1 Date	Dose 2 Date
Date Vaccine Administered		
OR		
Date blood work was completed		
Blood work confirmed Varicella Immunity: ☐ Yes ☐ No Health Care Provider Initials ◯		

The student must have record of the Tetanus/Diphtheria/Pertussis initial childhood series. If the student has not completed the initial series, 2 doses of the TDAP vaccine is required.

TETANUS/DIPHTHERIA/PERTUSSIS	Dose 1 Date	Dose 2 Date	Dose 3 Date
Initial Series: Date Vaccine Administered			
OR			
Adult 2 Doses: Date Vaccine Administered			
The student is required to receive a booster of Tetanus and Diphtheria if more than 10 years since last dose. Has the student received a Td booster? ☐ Yes ☐ No If yes, date administered (YYYY/MM/DD) _____ Health Care Provider Initials ◯			

The student must have record of the Polio initial childhood series. If the student has not completed the initial series, 2 doses of the Polio vaccine are required.

POLIO	Dose 1 Date	Dose 2 Date	Dose 3 Date
Initial Series: Date Vaccine Administered			
OR			
Adult 2 Doses: Date Vaccine Administered			
Health Care Provider Initials ◯			

The student must have record of two doses of the Hepatitis B vaccine **or** provide blood work that confirms immunity.

HEPATITIS B	Dose 1 Date	Dose 2 Date
Date Vaccine Administered		
OR		
Date blood work was completed		
Blood work confirmed Hepatits B Immunity: ☐ Yes ☐ No Health Care Provider Initials		

The student must have record of two doses of the Covid-19 vaccine.

COVID-19	Dose 1 Date	Dose 2 Date
Date Vaccine Administered		
Health Care Provider Initials		

The annual seasonal flu vaccine is not mandatory but is recommended for students.

IINFLUENZA	Dose 1 Date
Date Vaccine Administered	
Health Care Provider Initials	

The Information below is to be completed by each health care provider who has provided information in Section A (to match initials on the form)

Health Care Provider Signature and Identification		Office Stamp:
Printed name:		
Signature and Designation:		
Initials:		
Phone Number:		

Health Care Provider Signature and Identification		Office Stamp:
Printed name:		
Signature and Designation:		
Initials:		
Phone Number:		

Section B: Non-Medical Requirements - Student Reference

Non-Medical Requirements: The following non-medical requirements must be completed. If you have previously obtained one or more of these requirements, please verify the expiry date. If your certificate expires during the placement portion for your program, it is your responsibility to recertify within one month from the time of expiration.

CPR – Level C Certificate (every 3 years):
Valid Certificate: ☐ Yes ☐ No **Certificate Attached:** ☐ Yes ☐ No
Expiry Date (YYYY/MM/DD):_____

Standard First Aid Certificate (every 3 years):
Valid Certificate: ☐ Yes ☐ No **Certificate Attached:** ☐ Yes ☐ No
Expiry Date (YYYY/MM/DD):_____

Vulnerable Sector Police Check (no older than 3 months before start of program) using Fanshawe College's Letter:
Valid Certificate: ☐ Yes ☐ No **Certificate Attached:** ☐ Yes ☐ No
Date (YYYY/MM/DD):_____

Section C: Must be completed by the student

Student Agreement:
I confirm that I have read this form and understand its purpose and the nature of its content. In particular, I understand that in order to comply with legislation and protocol, I need to demonstrate that certain health standards have been met in order for me to be granted student placement. I understand that the college staff in my educational program will be able to view the results from this form. I understand that I must have all sections of this form fully completed and reviewed by the identified due date. Failing to do so, may jeopardize my consideration for any student placement. All costs incurred for completion of this form are my sole responsibility. Should it be requested, it is my responsibility to share relevant information from this form with placement employers relating to my program.

The personal information on this form is collected under the legal authority of the Colleges and Universities Act, R.S.O. 1980, Chapter 272, Section 5, R.R.O. 1990, Regulation 77 and the Public Hospital Act R.S.O. 1980 Chapter 410, R.S.O. 1986, Regulations 65 to 71 and in accordance with the requirements of the legal Agreement between the College and the agencies which provide clinical experience for students. The information is used to ensure the safety and well-being of students and clients in their care. The information in this form will be protected in accordance to the Freedom of Information and Protection of Individual Privacy Act.

Student Signature:_____ **Date (YYYY/MM/DD):**_____

OFFICE OF THE REGISTRAR, FANSHAWE COLLEGE
Room #E1012, 1001 Fanshawe College Boulevard, P.O. Box 7005
London, Ontario N5Y 5R6 CANADA
Telephone: (519) 452-4277 Fax: (519) 452-4420

COLLEGE PRACTICUM AGREEMENT

Thank you for accepting our offer of admission. An essential component of your education will be experiential learning through clinical or field practice relevant to your chosen profession. In order to ensure high standards and quality educational offerings which will permit students maximum opportunities to achieve learning objectives, Fanshawe College reserves the right to place students in an agency or combination of agencies it determines to be appropriate. **While every effort is made to maximize use of local agencies, there is sometimes a need to place students outside of the area for some programs or portions of programs.**

Accordingly, your admission is subject to the condition that you must be prepared for the possibility of assignment to field placement learning outside of the area, and for the possibility of having to relocate, at your own expense, for all or a portion of this experience. You are responsible for all costs associated with Clinical and/or Field Practicum.

Please indicate your understanding and acceptance of this condition by completing ALL information and signing below. We look forward to welcoming you as a student at Fanshawe College.

I understand and accept the condition stated above.

STUDENT NAME: _____

STUDENT NUMBER: _____

PROGRAM: _____ START DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

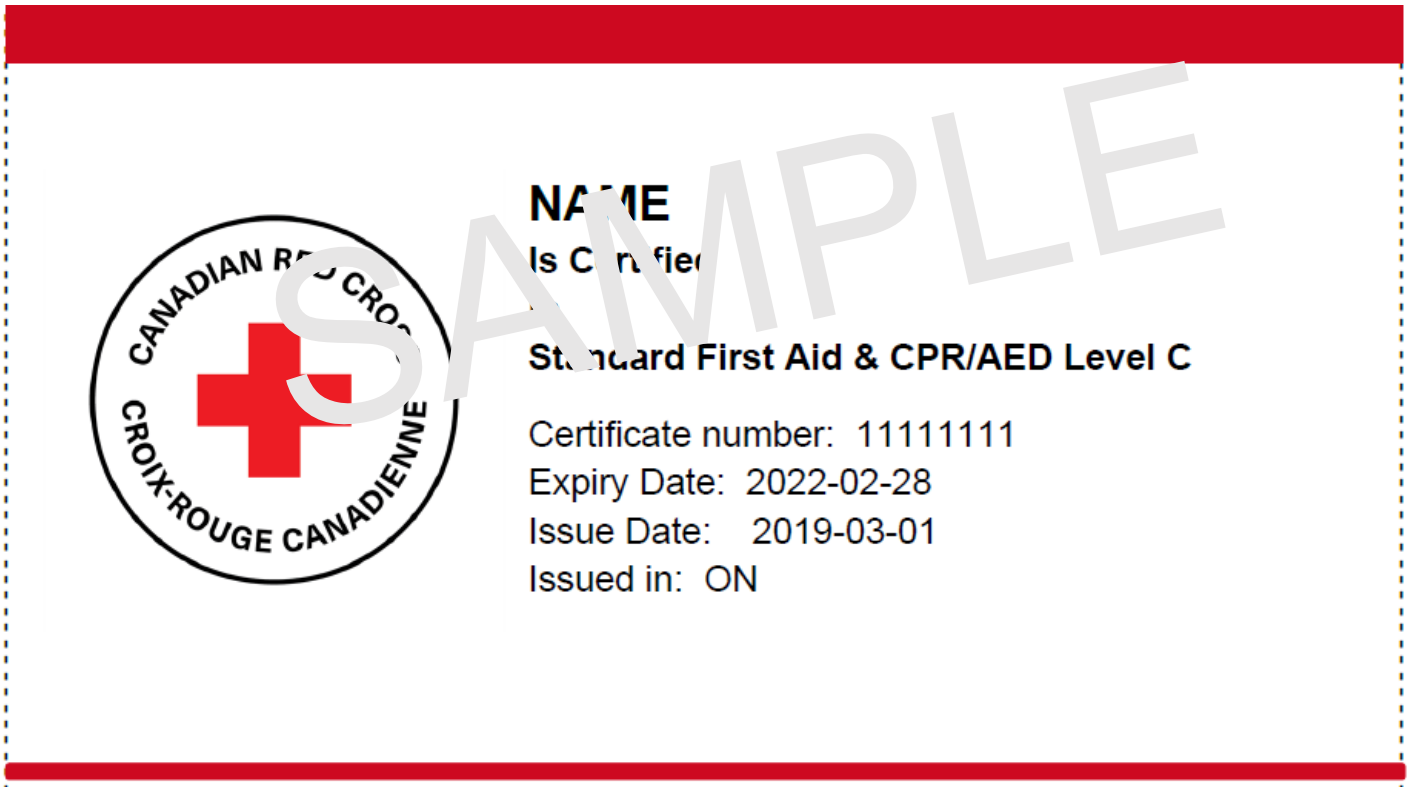
IMPORTANT

Being punctual for your practicum is a major contributor to how others see you in your field. Being on time, every time, is an expectation that all students should strive to achieve.

At the Simcoe/Norfolk Regional Campus, this form is required by students in the following programs:

- **Developmental Services Worker (Accelerated)**
- **Early Childhood Education (Accelerated)**
- **Agri-Business Management**
- **Personal Support Worker**
- **Social Service Worker**
- **Social Service Worker Fast Track**
- **Welding Techniques**

Sample Standrd First Aid/CPR Level C Certificate



FANSHAWE
Simcoe/Norfolk
Regional Campus

Date: _____

Dear Local / Regional Police Agency,

I write this letter in regards to a Vulnerable Sector Clearance Check for the student below who is enrolled in the Developmental Services Worker (DSW) program at Fanshawe College, Simcoe/Norfolk Regional Campus.

In the DSW program, this student (_____) is required to complete an unpaid field practicum in order to graduate from the program. This student will be working with youth or adults with developmental disabilities.

Please be advised that it is the policy of the DSW program that all students obtain a Vulnerable Sector Clearance Check prior to the beginning of their practicum. They are required to show proof of this check to the college and their field practicum sites.

I would appreciate your department providing a Vulnerable Sector Clearance Check for the above named individual as quickly as possible. Should you have any questions, please contact me that the college at (519) 426-8260 ext. 35035.

Sincerely,

Jacqueline Foreman

Jackie Foreman
Practicum Consultant
Fanshawe College Simcoe/Norfolk Regional Campus
P.O. Box 10,634 Ireland Road Simcoe, ON N3Y 4K8
Phone: 519-426-8260 ext. 35033
Email: jsforeman@fanshawec.ca

Additional Requirements

There are additional requirements to complete online via FanshaweOnline (FOL), the program we use for all courses before you start your first practicum.

Early Childhood Education

Pre-Practicum Series:

- How Does Learning Happen?
- Infant Series
- Toddler Series
- Kindergarten Series

Developmental Services Worker

Pre-Practicum Series:

- Open Future Learning
- Non-Violent Crisis Intervention

**You cannot start these until you are registered in a practicum course. You will be provided with information regarding these additional requirements when you start your program.*

Mandatory Preparation:

- Pre-Practicum Prep Video
- Goal Setting Video

**The due dates and times for the additional requirements above will be provided to you when you start your program.*

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Practicum Agreement – Developmental Services Worker (to be filled out on the first day of field practicum with mentor)

Student Name: _____

Telephone: _____ **Email:**_____

Name of Practicum Organization: _____

Address: _____

Telephone: _____

E-mail: _____

Name of Mentor: _____

Telephone: _____

E-mail: _____

Name of Practicum Consultant: _____

Telephone: _____

E-mail: _____

I, _____ the undersigned agree to the following
Student Name (please print)
conditions while working at my practicum.

1. I will represent Fanshawe College in a professional manner.
2. I respect confidentiality.
3. I will be responsible for transportation to and from my practicum.
4. I will complete and maintain all required paperwork.
5. I will attend practicum every day. If absent, I will advise both my Agency Supervisor and the Practicum Consultant before the start of my day and will provide a reason for my absence. Unexcused absences may result in a failing grade for practicum.
6. I will be punctual.
7. I will abide by the agreements related to student behaviour, professional ethics and organizational policies.

8. I will submit the following to the Practicum Consultant on due dates:
    - Practicum Evaluation
    - Practicum Attendance Log
    - Reflection Submissions
    - Practicum Learning Goals & Self Assessment 9. I will complete the assigned number of hours and days.

Student Signature: _____ Date: _____

Mentor Signature: _____ Date: _____

Please return to the Practicum Consultant within the first week of practicum.