

Internship

Media, Design & Communication Arts Advanced Visualization (AR, VR & CAVE) Lab Internship- University of Calgary

The Energi Simulation / Frank and Sarah Meyer Collaboration Centre is a hub for advanced visualization and analysis and provides vital space, expertise and leading-edge technologies for the faculty, researchers and students of the University of Calgary and the broader community of Calgary.



Program Description

- Explore an off-campus education opportunity in advanced technology, tools and techniques that includes the integration
 - Augmented reality,
 - Virtual reality,
 - Machine learning,
 - Artificial intelligence and
 - Big data techniques to deliver next-generation applications
- Earn credits in off-campus education



Program Eligibility

- Minimum of 16 years of age
- Students must have completed HCS 3000, HCS 3010
- Must have available transportation to and from University of Calgary
- Must be punctual and reliable
- Must have an interest in advanced technologies

Program Duration

- 2018-2019 School Year
- Start date November 23, 2018
- End Date June 8 2019
- Students must be able to commit to:
 - minimum of 8 hours per week
 - Friday meetings 1:00PM-4:30PM
 - 4 hours on Saturday or Sunday between 9:00am-5:00pm



Program Location

- University of Calgary- Frank and Sarah Meyer Collaboration Centre (CCIT211 University of Calgary, 50 Collegiate PI NW, Calgary, AB T2N 4V8)

Program Benefits

- Gain work experience and CTS credits while participating
- Gain valuable experience in post-secondary research lab





Application | Advanced Visualization (AR, VR & CAVE) Lab Internship- University of Calgary 2018-2019

Instructions |

Please neatly Complete and email a scanned copy or fax the completed form with your resume and cover letter to Sonya Gillis sgillis@cbe.ab.ca f| 403-777-6159

Deadline |

All applications must be received no later than **November 16, 2018 at 4pm.**

Questions |

Please contact Sonya Gillis at 403-817-7516 sgillis@cbe.ab.ca

First Name _____ Last Name _____

School _____ Grade _____

Email address _____ Phone _____

CBE ID _____ ASN _____

Have you completed HCS 3000? Yes. OC coordinator/teacher initials _____ No

Are you aware this is an unpaid opportunity?

- Yes.
- No.

If you are accepted into the program, you are aware that the transportation to and from University of Calgary (CCIT211 University of Calgary, 50 Collegiate PI NW, Calgary, AB T2N 4V8) is your responsibility

- Yes
- No

What subjects do you enjoy most at school and why?

What are some of your interests outside of school?



Questions |

Please contact
Sonya Gillis
403-817-7516
sgillis@cbe.ab.ca

Why are you an excellent candidate for this internship opportunity?

What do you hope to get out of this internship experience?

Statement of Support (to be completed by a teacher/Off-campus Coordinator, Career Practitioner, or Administrator) How does the program align with the applicant's interests, future aspirations or overall learning plan?

Please email or fax the completed form to Sonya Gillis no later than November 16, 2018 at 4pm. Successful applicants will be notified for by November 19th



**Calgary Board
of Education**



PLEASE READ CAREFULLY

I, _____, the parent or legal guardian of _____ (name of student) ("my child"), agree to the participation of my child **OR** I, _____ (name of student), an "Independent Student" under the *School Act* (Alberta), agree to my participation in the Advanced Visualization Lab Internship Program, including any practicum or workplace training that is part of the Program or ancillary to it organized by The Calgary Board of Education ("CBE") with Univeristy Of Calgary (the "Program Provider").

In consideration of the CBE accepting my child as a participant in the Program or accepting me (as an Independent Student) as participant in the Program, I agree and acknowledge as follows:

1. The CBE reserves the right to cancel the Program in whole or part, including prior to the scheduled date of commencement, based upon the security, health and safety conditions in the location(s) of or in the vicinity of the location(s) of the Program.
2. A) I agree, for myself and on behalf of my child, to release the CBE, its Trustees, Superintendents, employees, volunteers, contractors and consultants and the Program Provider and its respective directors, governors, officers, employees and agents (collectively, the "Releasees") from any claims, losses, damages, liabilities and costs ("**Losses**") that I or my child, as the case may be, may incur arising from or in connection with the Program, except to the extent any such losses, damages, liabilities and costs arise directly from the negligence or wilful acts or omissions of any of the Releasees. I acknowledge that none of the Releasees shall be responsible for any consequential, incidental, special or punitive losses, damages or costs incurred by me or my child arising in respect of the Program.

B) Without limiting the generality of Section 2(A) above, I, for myself and on behalf of my child, or I, an Independent Student, release the Releasees from any delays, acts or omissions of any of the Releasees in respect of the Program arising from events beyond his, her, its or their reasonable control, which includes but is not limited to **ACTS OF GOD, WAR, STRIKES OR GOVERNMENT RESTRICTIONS, TERRORIST ACTIVITIES, STRIKES OR WORK STOPPAGES, OR THE ACTS OR OMISSIONS OF ANY OTHER ORGANIZATION OR INDIVIDUAL, OVER WHOM THE RELEASEES HAVE NO DIRECT CONTROL.**

C) I agree, for myself and on behalf of my child (or I, an Independent Student, agree) to pay or reimburse the Releasees for any claims, losses, damages and costs arising from any acts or omissions of my child (or of me, as an Independent Student) in connection with the Program resulting or arising from failure to comply with any directions or instructions given by any of the applicable Releasees.
3. I, on behalf of myself and my child (or I, as an Independent Student) release the Releasees and each of them from any losses, liabilities, damage and costs that I and/or my child may incur arising from and during the course of transportation to and from the location(s) of the Program, including in the course of embarking or disembarking from the mode of transportation. I confirm and acknowledge that any injury, damage or loss incurred during the course of transportation to and from the location(s) of the Program will not be compensated by the Releasees.
4. I freely and voluntarily acknowledge and assume on my behalf and on behalf of the Student (or, as an Independent Student, I assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that a Student may suffer personal and potentially serious injury, loss or illness due to unforeseeable or unexpected events.
5. I am satisfied that I have been provided with information about the Program, including the nature and extent of certain risks and hazards associated with the Program and that such information concerning risks and hazards is NOT exhaustive. I am not relying solely upon such information provided by the CBE and reserve the right to obtain additional information upon such basis as I determine.

6. I freely and voluntarily acknowledge and assume on my behalf and on behalf of my child (or I, as an Independent Student, acknowledge and assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that any participant in the Program may suffer personal and potentially injury, loss or illness due to an unforeseeable or unexpected event as a result of any such hazard, known and unknown. Without limiting the foregoing, I acknowledge that part of the Program may involve the placement of my child (or, as an independent student, my placement) by the Program Provider in "practicum" assignments that involve workplace interactions with members of the public (for example, if a practicum assignment is with a veterinarian health care facility, my child - or I, as an Independent Student - will interact with members of the public who own animals and with animals, will have limited exposure to the medical application of pharmaceuticals and drugs or may be required to obtain vaccinations/inoculations in order to participate in the practicum). I agree on behalf of my child (or I agree, as an Independent Student) to assume the foreseeable and unforeseeable risks arising from placement in a practicum assignment as part of the Program.
7. My child has been informed by me that he/she shall comply (or I, as an Independent Student, confirm that I shall comply) with the CBE's policies and regulations and any applicable CBE or school Code of Conduct, and with any rules of the Program Provider in respect of the Program made known to me and/or my child, as well as with the directions and instructions of the CBE's employees, consultants, volunteers or Program Provider personnel concerning the Program. Participation in the CBE and/or Program Provider preparatory sessions and meetings (if any) prior to the activities is mandatory. I acknowledge that failure to do so may result in the exclusion of my child (or of me as an Independent Student) from the Program by the CBE.
8. If my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers and also in the case of medical emergency, the Program Provider personnel, may take any actions they deem necessary, including securing professional medical treatment. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact the parent or guardian of a Student (who is not an Independent Student) in any medical emergency situation.
9. **I have completed the medical information form (attached).** I warrant that the medical information I have provided is complete and up to date. I consent to CBE sharing the medical information with the Program Provider and its applicable personnel. I have disclosed any known medical information concerning my child (or concerning me as an Independent Student) that may affect participation in the Program. I also acknowledge and agree that CBE or the Program Provider may refuse to accept my child for or may remove my child (or me as an Independent Student) from participation in the Program as a result of any medical condition as CBE or the Program Provider shall determine, at its sole discretion.
10. I understand that I am solely responsible for any illegal activities of my child (or, as an Independent Student, my illegal activities) during the Program (such as theft, vandalism or using or trafficking in any illegal substances or non-prescription drugs).
11. I confirm that this form shall be binding upon me as an Independent Student or upon me and the other parent or legal guardian of my child and upon my child and if the other parent or guardian of my child shall commence any action or claim against any of the CBE Group in respect of the matters herein notwithstanding the provisions hereof, I indemnify the CBE Group from any losses, damages, liabilities and costs incurred by the CBE Group or any of them in that regard.
12. I am at least 18 years of age and confirm that I have had the opportunity to seek independent legal advice prior to signing this form.
13. I confirm that this form and my acknowledgements and agreements are governed by the laws of Alberta.

Signed at Calgary, Alberta this _____, 201_____

Signature Parent/Legal Guardian/Independent Student

Print Name

Address and Telephone Number

IMPORTANT - Medical Information

Please be aware that any information contained on this Medical Information form will be passed on to the employer/service provider. We suggest you include information that is relevant to the safety and well-being of the student while working or participating in educational programs. If there is no pertinent medical information to be shared, please indicate not applicable, and sign and return to the Off-campus Coordinator.

Health Information: (A photocopy of this completed form may be provided by CBE to the CBE to address health and medical needs including emergencies, and CBE may also share this information with the Program Provider others as deemed necessary.)
Can be typed or handwritten

MUST BE COMPLETED BY A PARENT, GUARDIAN OR INDEPENDENT STUDENT

Program: _____

Student Name: _____

Alberta Health Care Number (optional unless travelling outside of Alberta): # _____

Date of Birth (YYYY/MM/DD): _____

Drug Allergies? No Yes Specifics/Severity: _____

Food Allergies? No Yes Specifics/Severity: _____

Insect Allergies? No Yes Specifics/Severity: _____

Other Allergies? No Yes Specifics/Severity: _____

Is the student under any form of treatment for an illness, condition or injury? (including Asthma) No Yes

If "yes", please elaborate. Include activities to be restricted or modified. _____

Please fill out the medication names and details for administering them: (if more space is required attach additional information)

NAME OF MEDICATION	REASON (OPTIONAL)	DOSAGE	HOW OFTEN?	TIME OF DAY

Medication storage Requirements: _____

As a result of the above, are there any known side effects to above medication(s)? If "yes", please describe:

Does the student have any psychological or emotional problems? If "yes", please describe:

Are there any recent injuries to be concerned about? If "yes", please describe:

Medical Treatment Restrictions (if any) e.g. blood transfusions:

Dietary Restrictions (if any): _____

Additional Instructions / Information: _____

Emergency Contact: 1) _____ **Phone:** _____ **(H)** _____ **(W)** _____ **(C)** _____

Emergency Contact: 2) _____ **Phone:** _____ **(H)** _____ **(W)** _____ **(C)** _____

In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002, as amended from time to time ("AR 6002") (available for view on the CBE website), parents/legal guardians/Independent Students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. The CBE, its teachers and staff will not administer the medication or supports but shall during school activities (subject to AR 6002), store the medication and supports and supervise the child in self-medicating. The parent/legal guardian/Independent Student are responsible for notifying the CBE of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

I understand that given the nature of the Program in respect of which this form is being provided, in which the student will not be accompanied or supervised by CBE teachers/staff during off-site activities involved in the Program, CBE and its teachers/staff will not store the student's medication or supports off-site or supervise the self-medication by the student during any such activities. By signing this form, I confirm that I have waived any requirement of teacher/staff supervision of self-medication by the student and of storing medication or supports during off-site activities, and confirm that I do not wish the CBE, its teachers/staff to provide the same. I further acknowledge that the Program Provider and its staff are not representatives or agents of the CBE and are not authorized by the CBE to store the student's medication or supports or to supervise the self-medication by the student on behalf of the CBE.

Please note that:

1. the provisions contained in this form are subject to AR 6002 and applicable laws; and
2. the provisions contained in this form further are subject to the applicable school's Emergency Response Protocol and any particular Student Health Plan completed by the CBE with the parent/legal guardian/Independent Student.

Subject to the foregoing, I agree that the medications (prescription/ non-prescription) listed on the first page of this form are the student's responsibility and will not be shared or given to others and the student is responsible for how the medication is stored and when it is taken. I, the parent, legal guardian or Independent Student, accept responsibility in all cases for any medication that is lost, stolen or damaged and confirm that the CBE has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform CBE immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student during or prior to the Program activities in which the student shall be a participant. I further hereby agree that if my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers, and also in the case of medical emergency, the Program Provider personnel, may take any action they deem necessary for the safety, health and well-being of my child (or me as an Independent Student), including securing professional medical treatment and I release CBE, its employees, consultants and volunteers and the Program Provider and its personnel from any Losses arising as a result thereof. I acknowledge that the CBE has recommended that I obtain medical insurance to cover such expenses. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact me in any medical emergency situation.

I further acknowledge that the CBE does not make a medical assessment of the suitability of the student for participation in the Program based on the information provided in this form, and that if the student has or develops any medical conditions that may affect the student's participation in the Program, I will advise the CBE immediately.

Parent/Guardian/Independent Student

Print Name

Date (YYYY/MM/DD)



Please complete and return to the school

When student information is shared in a way that makes the student publicly identifiable, the *Freedom of Information and Protection of Privacy Act (FOIP)* requires the Calgary Board of Education (CBE) to obtain parent consent. Sharing this information, for non-profit educational purposes, helps us celebrate the successes of our students with parents, the community and general public.

When you sign this form, you are agreeing that your child’s personal information (image, first name, first initial of surname, grade, school, CBE email address, samples of work) may be shared publicly by the school and/or CBE. Some examples of how this information may be shared are as follows:

- Public displays and presentations
- School and CBE websites and social media (blogs, Facebook, Twitter, YouTube and more)
- Print and electronic publications that provide information about CBE and school initiatives or activities (brochures, invitations, reports, newsletters)
- Videos

Lessons and student work may be digitally recorded as evidence for staff development or to demonstrate good professional practices. These recordings may be shared with other educational organizations.

Parents or independent students are under no obligation to consent; it is their voluntary decision to do so. If you do not return this form, this indicates that consent was NOT given. You may withdraw your consent at any time by notifying the school principal in writing.

This consent does not apply to:

- Use of student information by media or third party organizations
- Photographs, videos or interviews taken during public events either on or off CBE property. Public events include such activities as school assemblies, performances, field trips and sporting events.
- The educational use of student information within the CBE environment.

Consent for Release (please print)

_____ I give the Calgary Board of Education consent to use my child’s information as described above for non-profit educational purposes.

_____ I DO NOT give consent to use my child’s information as described above.

Name of Student

School

Name of Parent/Guardian/Independent Student

Signature of Parent/Guardian/Independent Student

Date (YYYY-MM-DD)