

TAKE A WALK IN MY SHOES
WRH takes steps to address future



Job Shadow Program Participant Registration Form

Have you previously participated in Windsor Regional Hospital's Take a Walk in My Shoes Program?

Yes

No

Are you currently an employee of Windsor Regional Hospital? Yes* No
Please fax this completed form to 519-973-9382 along with your resume or send to the email address on the website.

Name : _____
First Last

Date of Birth: _____ **Telephone Number (H):** _____

Home Address : _____

School Attending : _____ **Level/Program :** _____

Current Industry of Employment: (i.e. automotive, retail, hospitality, etc.): _____

Email Address : _____

Area of Job Shadowing :

Please indicate your preferred Area for Job Shadowing: (i.e. Nurse, Diagnostic Imaging, Laboratory, Health Records, Pharmacist, Social Work, Finance, Environmental Services, CSR, Administration, Human Resources, Occupational Therapy, Physiotherapy, etc.)

If applicable please include the specific area of interest within the discipline you wish to shadow. For example, if Nursing – OB, Paeds, Rehab, Long Term Care or Social Work – Children, Mental Health, Adults.

Emergency Contact Information:

Name: _____ Relationship: _____ Phone Number: _____

Confidentiality

I, _____, agree that during my job shadowing experience and afterwards, I will not directly or indirectly disclose or use any confidential information including but not limited to information about patients or the organization.

Media Release

I hereby grant to Windsor Regional Hospital and his/her legal representatives the right to use and publish video recordings or pictures of me, or in which I may be included in any Windsor Regional Hospital publications or broadcasts.

Accept

Decline

Participant Signature: _____

Date: _____

For those under 18 years of age :

I have read through the program materials and agree for my son or daughter, _____, to participate in the Take a Walk in My Shoes program at Windsor Regional Hospital.

Parent Name: _____

Parent or Guardian Signature: _____ Date: _____

*Current employees of Windsor Regional Hospital interested in submitting an application for consideration to participate in the "Take A Walk In My Shoes" Program do not need to fill in the highlighted portions of this form. Immunization records are not required.