HEALTH LINK is a one-day event exposing students in grades 10, 11 and 12 to the increasingly varied careers in the health care sector through hands-on activities and short presentations (should this event fill-up preference will be given to grade 10 students).

*Students attend the entire day and must find transportation to and from the event*
*Students are required to bring their lunch and refreshments*

All students will attend a discussion with a panel of physicians — represented by a wide range of medical experts from family physicians to specialists as well as medical students and medical residents. These professionals will share their educational journey and answer student questions.

*Students will also choose one session in the morning and one session in the afternoon:*

**Morning Sessions:**
- **Nursing** – which may include: Continuing Care Assistant, Licensed Practical Nurse and Registered Nurse
- **Therapies** – which may include: Occupational, Physical and Recreational Therapies along with Speech-Language Pathology

**Afternoon Sessions:**
- **Medical Diagnostics** - which may include: X-ray Technician, Radiation Therapy, Lab Technician and more
- **Social Work, Mental Health and Addictions** – which may include: Social Worker, Addictions Counsellor, Psychologist and more

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 am – 8:55 am</td>
<td>Registration – Bishop James Mahoney High School – 231 Primrose Drive</td>
</tr>
<tr>
<td>9:00 am – 10:00 am</td>
<td>Physicians Panel</td>
</tr>
<tr>
<td>10:00 am – 12:15 pm</td>
<td><strong>Morning Session:</strong> Students Select ONE Session:</td>
</tr>
<tr>
<td>12:15 pm – 12:45 pm</td>
<td>Lunch (Students bring their own)</td>
</tr>
<tr>
<td>12:45 pm – 2:30 pm</td>
<td>Afternoon Session: Students Select ONE Session:</td>
</tr>
<tr>
<td>2:30 pm – 3:00 pm</td>
<td>Closing Comments and Door Prizes</td>
</tr>
</tbody>
</table>

For more information, contact Michelle Hardy at michelle@saskatooniec.ca or 306.683.7777
STUDENT APPLICATION FORM

Name: ____________________________________________ Grade: ____________

School/Band: ____________________________________________________________________________

Email: ___________________________ Cell Phone#: ________________________________

Parent/Guardian Email: __________________________________________________________________

Emergency Contact: ___________________________ Cell Phone #: __________________________

Voluntary Self Declaration:

☐ Person with a Disability ☐ Visible Minority ☐ Treaty/Registered (Status) Indian
☐ Metis Person ☐ Non-Status Indian ☐ Inuit Person

PLEASE SELECT ONE SESSION THAT YOU WOULD LIKE TO ATTEND IN THE MORNING:

☐ Nursing – Continuing Care Assistant, Licensed Practical Nurse and Registered Nurse

OR

☐ Therapies - Speech-Language Pathology; Occupational, Physical and Recreational Therapies

PLEASE SELECT ONE SESSION THAT YOU WOULD LIKE TO ATTEND IN THE AFTERNOON:

☐ Medical Diagnostics – X-ray Technician, Radiation Therapy, Lab Technician and more

OR

☐ Social Work, Mental Health and Addictions - Social Worker, Addictions, Psychologist and more

***Dependent on numbers, students may not be placed in their selected sessions***

Please explain why you would like to attend Health Link.

APPLICATION DEADLINE – THURSDAY, FEBRUARY 27TH, 2020

PLEASE GIVE THIS FORM AND THE PARENT CONSENT FORM TO THE DESIGNATED PERSON IN YOUR SCHOOL FOR SUBMISSION BEFORE THE APPLICATION DEADLINE
## Consent Form

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>Student First name</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
</table>

### Parent Support/Consent

I support the involvement in the SIEC Health Link event.

______________________________
Mother/Guardian Signature

______________________________
Father/Guardian Signature

### Description

<table>
<thead>
<tr>
<th>Description</th>
<th>Visual Image</th>
</tr>
</thead>
</table>
| **Media Participation**
Photographs, interviews and video taken on school property and at SIEC events for television, radio, newspapers, as well as websites and social media accounts operated by media outlets. Media coverage may include your child’s name and/or school name. | Yes ☐ No ☐ |
| **SIEC Publications** *(Use of Photos and Video)*
Informational items (eg: brochures, Report to the Partner Groups) and promotional materials that are shared with the general public and can be posted on our websites and social media accounts. | Yes ☐ No ☐ |
| **SIEC Websites** *(Use of Photos and Video)*
Saskatoon Industry Education Council operates websites that promote the activities of our organization. Anyone with the Internet is able to access these pages from anywhere in the world. | Yes ☐ No ☐ |

Please Note: Photos of large groups, or action photos where individuals cannot be readily identified, may be posted without permission.

### Parent/Guardian Consent *(If applicable)*

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td></td>
</tr>
</tbody>
</table>

Parent Support/Consent *(If applicable)*

______________________________
Mother/Guardian Signature

______________________________
Father/Guardian Signature