

STANDARDIZED PATIENT APPLICATION FORM

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University
 Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of maintaining a record of personnel paid through the University Human Resources Information System and other systems, to make reimbursement, to issue income tax receipts, to confirm employment status for the provision of University of Manitoba computer accounts, and to assist in advancement efforts with External Relations. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have any questions about the collection of your personal information, contact the Access & Privacy Office (204) 474-9462, 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

Section A: Personal Data

Legal Surname	Legal First Name	Preferred Name

Address of Legal Residence Number and Street	Apartment/Unit #

City, Province, Country	Postal Code

Email Address:

Primary Phone #	Alternate Phone #

- I. The University of Manitoba is strongly committed to diversity within its community and especially welcomes applications from racialized persons, persons of colour, women, Indigenous/Aboriginal peoples of North America, persons with disabilities, LGBTTTQ2 persons and others who may contribute to the further diversification of ideas.
- II. The following information may be optional; however, the recruitment and assignment of SP work is often based on certain criteria (age, ethnicity, gender, availability, etc.). These criteria are determined by the needs of the individual educational activity being supported. As a result, applications are not necessarily processed or approved in order of receipt. Providing the following information will assist us greatly in processing your application.

Section B: Personal Profile

Date of Birth (YYYY/MM/DD):



Standardized Patient Application Form

Are you currently employed? Full Time Part Time Casual Retired

Other:

[Text input box for employment details]

Do you have experience working in healthcare? Yes No
If yes, in what capacity?

[Text input box for healthcare experience]

Are you currently in school? Yes No

Are you a learner in any Health care field? Yes No
If yes, in what capacity?

[Text input box for learner capacity]

Gender Identity

Do you self-identify as:

- Female
- Male
- Two-Spirit, transgender, trans, non-binary, or a gender that does not align with your sex assigned at birth.
- I choose not to answer.
- Preferred term please specify: [Text input box]

Ethnic Background

Do you self-identify as Indigenous (First Nations, Metis, or Inuit)?

Yes No

If yes, please select the nation(s) with which you identify (select all that apply):

- Inuit
- Metis
- First Nations
- Other, please specify: [Text input box]

If no, please select with the following options:

- Asian
- Black/African
- Prefer not to answer.
- White
- Hispanic/Latin

Other, please specify: [Text input box]

Language(s) Spoken:

[Text input box for language spoken]

Section C: General Questions

How did you find out being a Standardized Patient?

- Friend
- Website
- Social Media
- Other

[Text input box for finding out details]



Do you have experience with the following?

a. Acting: Yes No

If yes, please describe:

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b. Teaching: Yes No

If yes, please describe:

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c. Tutoring/coaching: Yes No

If yes, please describe:

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Are there any roles or scenarios that you would feel uncomfortable participating in?

(i.e. dying patient, bereaved relative, scenarios relating to sexuality, mental health problems, victims of abuse, etc.,)

Please give details below.

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Section D: Disclaimer & Signatures

I certify that my answers are true and accurate to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

For applicants 13, 14 or 15 years of age

Applicant's Signature

Parent or Guardian's Signature

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Applicant's Printed Name

Parent or Guardian's Printed Name

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Date

Date

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- Copy of applicant's resume (optional)
- Photo of applicant (*4 x 6" Optimal 1000 x 1500 Minimum 400 x 600 Resolution*)

Should you have any further questions related to SP Application Form, please contact the SP Admin Coordinator - **Michaela Ablaza-Myslicki** at **431-276-6284**.

Please submit completed application by email, drop-off or regularmail.

1. Scan and email to (clsfspprogram@umanitoba.ca)
2. Mailing/Physical Address:

Clinical Learning & Simulation Program
Level 000 Brodie Centre
727 McDermot Ave Winnipeg, Manitoba
Canada, R3E 3P5
Attn: Michaela Ablaza-Myslicki