



Special Educational Experience (SEE)

ADVOCACY & LEADERSHIP

Application and Approval Form

An Advocacy & Leadership SEE allows students to participate in advocacy projects (e.g. health promotion), or leadership activities (e.g. holding significant leadership positions in internal or external organisations). The SEE will be undertaken with a faculty member who has a faculty appointment at an accredited educational institution, and who will guide the student’s training in leadership or advocacy.

Approval Process: This form needs to be completed and signed by the student(s) and by the faculty supervisor (digital signature or e-mail approval will suffice) and submitted to Learner Records (records@nosm.ca). The Service Learning, Advocacy, and Activism Curriculum Lead will review applications and once approved, will seek final approval from the appropriate Phase Lead (Assistant Dean Phase 1 or Phase 3 Clerkship Director). *Students MAY NOT begin SEE before approval is obtained.*

1. Student Name: _____ Campus: _____ Year: _____
2. Student Contact Information:
 Email: _____ Phone: _____ NOSM I.D.: _____
3. Title of Project: _____
4. Faculty Supervisor Name : _____
5. Faculty Supervisor Title & Qualifications:

6. Faculty Supervisor Contact Information:
 Email: _____ Phone: _____
7. Location of SEE: _____
8. Does a close personal or professional relationship exist between the student and faculty supervisor? Yes/No
 If yes please describe the nature of the relationship:

9. SEE Start Date: _____
10. SEE End Date: _____

List 2-4 Objectives

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Provide Description of the Educational Experience

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Approvals

Agreement of Student

As a NOSM student I agree to abide by all applicable NOSM policies and procedures, and I agree to follow the directions of the faculty supervisor. I will immediately report any injuries or safety concerns to my faculty supervisor. *(Electronic Signature accepted)*

Student Name (Please print): _____

Student Signature: _____

Date: _____

Agreement of SEE Supervisor

As the faculty supervisor for this activity, I have read and agree to the information in this application form. I acknowledge and agree to the role of supervisor and the responsibility to ensure that the research is carried out in accordance with all relevant policies and regulations. I understand that I will not be compensated by NOSM as a SEE Supervisor. *(E-mail stating consent is accepted)*

SEE Supervisor Name (Please print): _____

Signature: _____

Date: _____

OFFICE USE ONLY

Is the activity beneficial to the student's medical education? Yes No

Is the activity appropriate for the student's stage of learning? Yes No

Is the activity properly supervised? Yes No

Have any health and safety concerns been sufficiently addressed? Yes No

Have any perceived or actual conflicts of interest been declared and addressed? N/A Yes No

As the NOSM Service Learning, Advocacy, and Activism Curriculum Lead, I have read, and if necessary, discussed the above SEE – Advocacy and Leadership application with the student and/or faculty supervisor, and I approve this activity.

Curriculum Lead: _____

Date: _____

Phase Lead: _____

Date: _____