

This form is to be returned to the trainee.

The trainee requesting the observership or elective will upload this form into the Queen's University Safe Travel Activity Registration Tool (START) along with the Sanctioned Waiver Form prior to undertaking the observership or elective experience.

To Whom It May Concern:

As part hosting an observership or an elective ("experience") for a Queen's University postgraduate medical education trainee (trainee), you are agreeing that:

1. The Host supervisor and those interacting with the trainee during the experience will review the Postgraduate Medical Education Office Trainee Safety Policy available [here](#).
2. An orientation to the training site will be provided including information and training on health and safety as required by the PGME Trainee Safety Policy . Of note, the orientation will include:
 - a. Information on the prevention of any communicable disease to which the trainee may be exposed;
 - b. A verification process at your institution to ensure the trainee has completed the appropriate health and safety training (e.g., in person, module); and
 - c. The provision of Personal Protective Equipment (PPE), as needed.
3. If the trainee is injured during this experience, the Host institution will notify the trainee's program at _____ within 24 hours.
4. The Host institution will complete an [Incident Report](#) and upload it [here](#).
5. In the event of an injury, the Host Institution will review the trainee's restrictions and, where possible, modify the program as required to accommodate the trainee to facilitate the return to and completion of the experience program.
6. An assessment of the trainee's performance during the experience will be completed and submitted to the program in the form requested by the program.

Authorization

Name: _____

Title: _____

I, _____, am authorized on behalf of _____ to accept the conditions of the University for hosting the trainee experience.

Signature: _____

Date: _____