

## The Hospital for Sick Children Appointment Form

- To be used for individuals placed at SickKids for a minimum of five (5) days and **not on** SickKids payroll
- Manager must complete and submit form to Human Resources **prior** to start date
- **For all Physician Appointees please contact Medical Affairs**

<b>Legal Name of Appointee:</b>	<b>Orientation Date</b>	<b>Renewal date/Badge #:</b>
Arushri Swarup		
First Last	(mm/dd/year)	
<b>Start Date:</b> 02-Feb-2016	<b>End Date of Contract:</b> 31-Aug-2018	

Is this employee currently on payroll?

☐ Yes

☒ No

If yes and no changes are required to department and/or job title please submit form to HR. If no, complete remainder of form

*\*The following appointments must complete the "Appendix A" Immunization Form and provide completed forms to Occupational Health Department located here: [http://kidweb.sickkids.ca/OHSS/custom/Healthcare\\_Provider\\_Form.pdf](http://kidweb.sickkids.ca/OHSS/custom/Healthcare_Provider_Form.pdf)*

☒ **Research Temporary Observer** (in a learning capacity involved in observation only)

☒ **Research Institute Student** (unpaid, or externally funded on site as part of course requirement)

☐ **Visiting Scientist** (paid through home country, must be approved by Chief of Research)

☐ **Post Doctoral or Research Fellow** (paid through external funding)

*\*The following appointments must complete the "Healthcare Provider" Immunization Form and provide completed forms to Manager located here: <http://kidweb.sickkids.ca/OHSS/custom/Immunization.pdf>*

☒ **Student** (unpaid students on site as part of course requirement)

☒ **Temporary Observer** (in a learning capacity involved in observation only)

☐ **Temp Placement through Agency** (contact Recruitment department for assistance)

☐ **Independent Contractor** (paid through invoice)

### Brief description of activities:

Observe ENT surgeries as a part of research component for Master's Project developing endoscopic ear surgery instruments at the University of Toronto.

Department/Program Name: **IBBME/Engineering** Reporting Manager:

Administrative Contact:

### Appointee Personal Information (Mandatory):

Address: **58 Northforest Trail**  
**Kitchener, ON, N2N 2Z1**

Home Phone: **5195792123**

Alternate Phone: **5195755468**

### Emergency Contact Information (Mandatory):

Name: **Manjari Swarup**

Address: **58 Northforest Trail**  
**Kitchener, ON, N2N 2Z1**

Phone: **22680888035**

**Credentials Verified?** ☐ Yes ☐ No ☐ NA

**References Checked?** ☐ Yes ☐ No

**Please ensure that this individual has received an Appointment Letter or Memorandum of Understanding which outlines the terms and conditions. A signed copy of the Appointment Letter or Memorandum of Understanding must be submitted to your HR contact in Human Resources.**

### Authorization:

Manager/Supervisor Name (print):

Manager Signature:

Date:

(Electronic signature accepted)

The personal information contained on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act to issue you a Hospital ID badge and obtain your emergency contact information. Questions about this collection can be directed to: Human Resources 416-813-7654 ex. 3132