SickKids

SickKids Appointment Form

Reset Form

This form is required for individuals who are not on payroll and placed at SickKids for a minimum of five (5) days. The Manager must complete and submit the form to HR prior to the appointment's start date. For all Physician appointees, please contact Medical Affairs.

Legal Name of Appointee (Last, First):	, save appointed, please contact <u>Medical Affairs</u> .
Swarup, Arushri	Badge #:
M VI	37360
Appointment Start Date:	Appointment End Date:
09/06/2016	08/31/2018
Is this appointee currently on payroll (a paid employee): In this appointee required to attend orientation:	Yes No
	nunization Form and provide the completed form to Occupational Health &
Scientific Core Facility User (external users accessing Flo	volved in observation only - attach backup as per <u>Observer policy</u>) tution engaged in collaboration at SickKids) ow Cytometry Facility, Imaging Facility, etc.)
he following appointments must complete the "Healthcare Providation of Supervisor to retain in their files.	ider" Immunization Form and provide the completed form to the designated
remp i lacement till ough Agency (contact recruitment d	observation only - attach backup as per Observer metical
Temporary Observer (in a learning capacity involved in o Temp Placement through Agency (contact recruitment d Independent Contractor (paid through invoice) Women's Auxiliary Brief description of activities: Observing surgery Reviewing CT scans with REB approval (1000012951 and	observation only - attach backup as per <u>Observer policy</u>) department for assistance)
Temporary Observer (in a learning capacity involved in o Temp Placement through Agency (contact recruitment d Independent Contractor (paid through invoice) Women's Auxiliary Brief description of activities: Observing surgery Reviewing CT scans with REB approval (1000012951 and Developing instruments in CIGITI Lab	observation only - attach backup as per <u>Observer policy</u>) department for assistance) 1000033566) - request for amendment in process
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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 at 416-813-6680

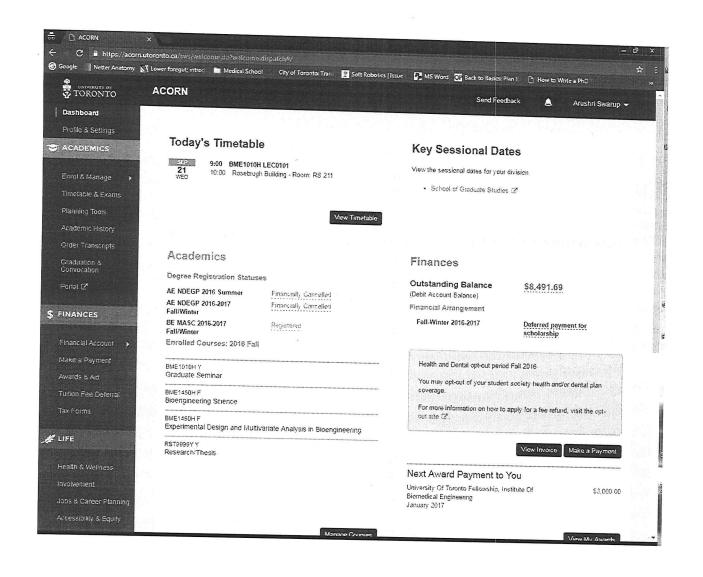


Research Student Hiring Questionnaire

This document is used to ensure SickKids accurately taxes students in compliance with the Canada Revenue Agency (CRA) Income Tax Act.

Student, please complete the information below.

St	udent Name: Arushri Swarup				
St	art date:				
06-8ep-2016		Expected End date:			
M	anager Name:	RI Program: CB CHES DSCB GGB			
+	n	KI Program: CB CHES DSCB GGB			
	Adrian James	MSF NMH PEM Other			
1.	Are you currently enrolled in a degree granting	program at a Canadian university, college or other			
	education institution?	Yes No 🗌			
	If you answered No , then you do not need t	o complete the remainder of the questionnaire.			
	If you answered Yes, please attach proof of	enrollment from the educational institution. (Example:			
	timetable, receipt, enrollment paperwork, trainee award, email confirmations etc.)				
2.	What level of education are you currently enrolle	ed in?			
	Undergraduate Graduate (Masters)				
	Graduate (Masters)	Graduate (PhD)			
	Is the work you will perform related towards obt	aining your degree?			
	Yes 🗹 No 🗌				
3.	Is this position funded by a competitive award (o	.g. CIHR, NSERC, OGS) and is planned to be administered			
	by SickKids Payroll?	Yes No			
	If you answered Vos , places attack hards and the				
	If you answered Yes , please <u>attach</u> back-up documentation for this award.				
4.	Student Declaration:				
	Lunderstand that I may awa towards Co. I a				
	I understand that I may owe taxes to Canada Revenue Agency (http://www.cra-arc.gc.ca/menu-eng.html)				
	if my total annual income (from all resources) exceeds the Federal/Provincial tax exemption for the tax year, and if I do not have enough education credits to offset the tax exemption.				
	Student Signature: Chushi Suc	My Date: 21-8ep-2016.			
To t	To the hest of my knowledge Lagree with the state of my knowledge.				
To the best of my knowledge, I agree with the above information provided. Yes No					
Hirir	Hiring Manager Signature: / // Date:				
	Wan	Date: 23 Sept 2016			
		•			



WELCOME TO THE HOSPITAL FOR SICK CHILDREN Private and Confidential

Memorandum of Understanding for University of Toronto ('UofT') Students

September 21, 2016

Arushri Swarup 58 Northforest Trail Kitchener, ON N2N 2Z1

Dear Arushri.

I am pleased to welcome you to The Hospital for Sick Children (the "Hospital" or "SickKids") and confirm your appointment as a Grad Student - MSc Candidate in the Department of Otolaryngology - Head & Neck Surgery.

You will be performing research under a program of study approved by the University of Toronto (UofT). As such, you are <u>not</u> an employee of the Hospital although the Hospital's policies and procedures that apply to SickKids employees will apply to you. As well, you are required to attend General Hospital Orientation. Although primarily designed for employees, we feel that your attendance at the orientation will provide you with valuable information about SickKids and our culture, our policies and history.

You will begin your research at SickKids on September 6, 2016 and your appointment will end on completion of your program of study approved by the UofT or July 31, 2018, whichever occurs sooner. You will report directly to Dr. Adrian James, Staff Otolaryngologist. Any earnings may be subject to applicable taxes and withholdings.

Please refer to your Offer of Admission from the UofT regarding all other terms and conditions of your appointment. It is your responsibility to follow UofT Departmental guidelines. Your research at Sick Kids will terminate in the event that your appointment or status as a student at the UofT ends for any reason.

You will also be required to comply with the following terms and conditions while at the Hospital.

COMPLIANCE WITH HOSPITAL STAFF IMMUNIZATION AND SURVEILLANCE POLICY For the health and safety of patients and staff, and in compliance with the Communicable Disease Surveillance Protocols for Ontario Hospitals and the policies of the Hospital, you must provide Occupational Health & Safety Services with satisfactory documentation confirming the following:

Tuberculosis (TB) 2-step Skin Test:

You must provide a documented 2-step TB skin test showing completed satisfactory (i.e., negative) results.

Immunization Status:

You must provide satisfactory documentation of immunity to rubella, measles, mumps and chickenpox as well as your Hepatitis B immune status.

This information is kept confidential within Occupational Health & Safety Services. Any costs associated with the completion of the form and/or collecting the information will be your sole responsibility. Please refer to the attached Staff Immunization and Surveillance policy information sheet for more information on the TB 2-step skin test and immunization requirements.

Deadline for Fulfillment of Condition:

If you cannot provide satisfactory documentation regarding your completed 2-step TB skin test results and your immunization status (together "Results") before your expected start date, you will be permitted to start in the Department of Otolaryngology - Head & Neck Surgery for up to fourteen (14) days of your expected start date (the "First Grace Period"), during which time you will be put on a monitoring protocol. If you do not provide the Results within the First Grace Period, you will be placed on an unpaid leave of absence for a period of up to an additional fourteen (14) days, pending receipt of the Results ("Second Grace Period"). If you do not provide the Results by the end of the Second Grace Period, the Hospital may terminate your research in the Hospital automatically and without further notice, for failure to fulfil a material term and condition of your acceptance into the Department of Otolaryngology - Head & Neck Surgery.

If any of the Results are unsatisfactory to the Hospital, the Hospital may terminate your research in the Hospital without further notice to you for failure to fulfil a material term and condition of your acceptance into the Department of Otolaryngology - Head & Neck Surgery.

GENERAL HOSPITAL ORIENTATION

To learn more about SickKids, all Graduate Students are invited to attend the New Hire Orientation session. On October 17, 2016 your orientation will be held at the Peter Gilgan Centre for Research and Learning Auditorium, 686 Bay Street. New Hire Orientation runs from 8:30 a.m. to 12:30 p.m. but we ask that you arrive 15 minutes early so that you can sign in before the session begins. We look forward to seeing you there!

As part of your orientation program, you will meet with Occupational Health and Safety Services to review the following:

- your occupational health forms:
 - Appendix A Immunization Record
 - Appendix B Health Review Form
 - respiratory protection and other safety requirements

ELIGIBILITY TO STUDY IN CANADA

Your engagement with the Hospital is conditional upon your continuing eligibility to study in Canada, and upon the provision of satisfactory evidence that you are so eligible, as and when requested by the Hospital.

If you are a foreign national as defined in the *Immigration and Refugee Protection* Act, your entitlement to conduct research and study at the Hospital is conditional upon you obtaining any and all documentation that may be required for you to study in Canada. Copies of these documents must be forwarded to Human Resources as soon as they are available to you. You are also responsible for ensuring Human Resources has up-to-date copies of any renewed documentation evidencing or relating to your eligibility to study in Canada.

CONFIDENTIALITY AND NON-DISCLOSURE

While at the Hospital, you may have access to confidential information. In accordance with the Hospital's Confidentiality Policy, you are responsible for the safeguarding of any confidential information to which you have access. You must also make every effort to ensure that information is not disclosed and is not accessible to any third party, unless authorized or directed by us.

Unless you are fulfilling the requirements of your position and following our direction, you agree that you will not:

- use or permit others to use any confidential information
- make copies of any records, or record any confidential information in any way.

The unauthorized use of, access to, or disclosure of confidential information is a serious offence and will result in disciplinary action. This may include revoking of your Hospital privileges or termination of your contract.

OWNERSHIP

You agree that, with the exception of scholarly works produced with trivial use of Hospital resources, all intellectual property you create while conducting research at the Hospital, either on your own or with others, through work, study or research and development activities, will be the property of the Hospital. You hereby irrevocably assign and transfer to us all of your rights, title and interest in and to the intellectual property and all other proprietary rights, including copyright and patent rights to the Hospital. You also hereby irrevocably waive any moral rights in favour of the Hospital, or persons acting under or with the authority or permission of the Hospital.

You agree to sign and give us any agreements, assurances, undertakings, acknowledgements or other documents we may reasonably require relating to the intellectual property.

You may not accept any contract to patent, license or develop intellectual property from any party other than the Hospital without first obtaining the written consent of our Industry Partnerships & Commercialization group.

USE OF PERSONAL INFORMATION

Your personal information is collected and will be used by the Hospital and its third party service providers for the purpose of establishing and managing the student relationship. By signing this contract, you consent to the collection, use and disclosure of your personal information by The Hospital and its service providers.

POLICIES AND PROCEDURES

You will be subject to all Hospital policies and procedures. All current policies and procedures are available on the Hospital internal website.

Failure to comply with any Hospital policies or procedures may result in the loss of your entitlement to conduct research at the Hospital. The Hospital reserves the right to amend, delete, or add to its policies and procedures at any time, in its sole discretion.

We attach for your reference the following key policies, which we require you to read before you commence your research at the Hospital:

- 1. Code of Conduct
- Respect in the Workplace
- Privacy and Confidentiality of Information
- Prevention of Workplace Violence & Harassment

In the event of any concerns regarding your performance, behaviour or attitude, the Hospital reserves the right to implement such disciplinary measures as verbal warnings, written warnings, paid suspension, unpaid suspension, and termination without any notice, when and as appropriate.

These terms and conditions shall be binding upon your heirs, executors, administrators and legal

personal representatives.

If you are agreeable to all the terms and conditions set out in this letter, please sign in the "STUDENT" space below and return one copy to Aja Dykes, Supervisor, Administrative Services by Friday, September 23, 2016. Please keep a copy for your records.

Arushri Swarup	
STUDENT	
nadana nka shina wa kazar wa 19	<u> </u>
21-8ep-2016.	37
	STUDENT Arushui Swarup Arushri Swarup

Encl. Personal Information Form
Research Student Questionnaire
Personal Tax Credits Return, TD1
Ontario Personal Tax Credits Return, TD1ON
Immunization Help Guide
Staff Immunization & Surveillance Policy Information Sheet
Immunization Record (Appendix A)
Health Review Form (Appendix B)