



Stroke Network of Southeastern Ontario

Stroke Care Field Experience

Application Form

Program Description

The **Stroke Network of Southeastern Ontario (SNSEO)** offers support for personalized educational experiences whereby learners spend time with skilled healthcare providers in either a group learning or one-on-one setting. Through the **Stroke Care Field Experience**, learners can be connected to stroke care experts who can help them develop their knowledge and refine their hands-on skills in stroke assessment and management. A small honorarium may be available in cases where there is a financial barrier to participation by learners and/or stroke experts.

Target Audience

This support is available to healthcare professionals working in stroke care in any part of the continuum of care in Southeastern Ontario.

How to Apply:

1. **Identify Learning Needs-** The learner must first identify the learning needs. This may include and is not limited to learning about a different part of the continuum of care, a different stroke care program or a new skill.
2. **Submit Application Form-**The learner will then complete the application form and send it to SNSEO (heather.jenkins@kingstonsc.ca).
3. **Identify Mentor/ Instructor-** You may identify a specific person whom you or your group would like to learn from/ with, but this is not required. SNSEO may be able to suggest and connect you with an appropriate stroke care professional to help you plan your learning.
4. **Plan Date and Specific Objectives-** Once the mentor agrees to the experience and any financial incentives offered by SNSEO, both learning participants can set the date for the learning event, and finalize learning objectives. The mentor will then sign the approved application form.
5. **Evaluation Form-** Upon completion of the learning event, the learner(s) must complete the evaluation form and send to SNSEO. For Group Learning experience- applicant must also submit an attendance sheet listing participants (template to be provided).

Financial Support

If finances pose a barrier to participation, please reach out to the Regional Education Coordinator (Heather Jenkins, heather.jenkins@kingstonsc.ca) to discuss potential financial support.

Type of Learning Experience:	
<input type="checkbox"/> Individual	<input type="checkbox"/> Group

Applicant Information	
Applicants Name(s)	
Mailing Address	
Email	
Organization	
Professional Designation	
Manager name and email	



Mentor/ Instructor: (if unknown, leave blank and we will help determine an appropriate individual)	
Name:	Profession:

Learning Objectives and how it will improve delivery of best practice stroke care
1.
2.
3.

How do you anticipate these objectives will be achieved? (E.g direct observation, hands-on instruction, discussion, presentation etc)

Location where learning will take place:	
<input type="checkbox"/> Site of learner	<input type="checkbox"/> Site of expert/ mentor

Applicant Signature	Date

This section is to be completed by the Mentor/ Instructor:

Mentor/ Instructor Information	
Name	
Mailing Address	
Email	
Organization	
Professional Designation	
Manager name and email	

Mentor/ Instructor Signature	Date