



## PROFESSIONAL EXPERIENCE AGREEMENT

BridgePoint Center for Eating Disorders encourages all professionals to continue their education in the complex and ever evolving field of eating disorders. As such, we offer the following options to participate in our program:

- Professional Experience (includes an opportunity to attend one of our 4-day retreats)
- Practicum through approved university
- Research and collaboration opportunities

The following guidelines will be in place to assist in your understanding of our continued education process.

1. Complete the attached Professional Experience Agreement/ Application Form and Confidentiality Agreement.
2. Professional must complete provided feedback/evaluation form following program.
3. BridgePoint embraces a non-diet approach, and while participation in this program, you agree to practice body and food neutrality (no comments about food, weight, shape, size) towards participants as well as yourself during the program.
4. Personal contact (including engagement on social media) with participants of BridgePoint outside of programming is strictly prohibited for a period of one year from the time a participant leaves BridgePoint programming. It must be recognized that although well intentioned, personal contact with participants breaches our confidentiality agreement with participants.
5. BridgePoint provides all food and linens. You are encouraged to bring any foods you would like to have on hand (snacks/sensitivities). You are also welcome to bring a blanket or pillow to make your stay more comfortable.

**Note:** Please forward all paperwork to:

BridgePoint Center for Eating Disorders  
Box 190, Mildred, SK, S0L 2L0

[bridgepoint@sasktel.net](mailto:bridgepoint@sasktel.net)

Phone: (306) 935-2240 Fax: (306) 935-2241



## Letter of Agreement

___ Practicum/ Visiting Research Student	___ Professional Experience Program
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**Professional/Student's Name:** \_\_\_\_\_

Email: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Professional/Student's home supervisor: \_\_\_\_\_

Professional Employer/Student's home university: \_\_\_\_\_

Employer/University Contact Info: \_\_\_\_\_

Student's area of study \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Contact Info: \_\_\_\_\_

**This confirms the arrangements for the visit of \_\_\_\_\_ (professional/student name) from \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date).**

\_\_\_\_\_ (BridgePoint employee) will serve as temporary supervisor at BridgePoint Center for Eating Disorders while this Professional Experience/Graduate Visiting Research

**Student is working on the following project:** \_\_\_\_\_

**Project deliverables and outcomes (include timeline and deliverable date):**

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Professionals/Graduate visiting research students must complete the following actions prior to arriving at BridgePoint Center (please check to acknowledge): For questions, contact [bridgepoint@sasktel.net](mailto:bridgepoint@sasktel.net).

- Provide a current copy of criminal record check (vulnerable sector)
- If the research involves human or animal subjects, complete and submit the required ethics forms as soon as possible.

\_\_\_\_\_ *I will require accommodation and meals (subject to a nominal fee).*

## Acknowledgement of Confidentiality

Confidentiality is the cornerstone of the BridgePoint Center for Eating Disorders program. All employees and guests sign a confidentiality agreement as a condition of their employment or participation in the program. All breaches or potential breaches of confidentiality are treated seriously.

While under any working/visiting/training arrangement with BridgePoint Center for Eating Disorders, I will honestly and diligently perform and discharge all of the duties assigned to me. I shall not disclose any knowledge of confidential documents, conversations and/or information, including names of participants and their involvement with BridgePoint, knowledge and/or information about friends, family, board members and team members without expressed written consent of the individual obtained prior to disclosure. I understand that any information that I disclose, as per the above clause, would result in a breach of confidentiality.

I recognize and acknowledge that in the course of my participation in this project or experience, I may develop or gain access to certain Confidential Information. I will not use this Confidential Information at any time for purposes other than performing my research duties for the project. Upon the conclusion of my research duties for this project, I will retain all Confidential Information as described in my Ethics submission (if applicable). Confidential Information collected during your experience shall remain onsite unless otherwise approved in writing with onsite supervisor or leadership team.

I understand that a failure to comply with this Agreement may result in action being taken against me which may include but is not limited to the following:

- Disciplinary action by the BridgePoint which may result in the suspension or revocation of my appointment and privileges, or the termination of my experience or project;
- A legal action being brought against me by BridgePoint or the individual affected by the breach of Confidential Information;
- A complaint or report about me being made to my employer, university and/or professional regulatory body by the BridgePoint;
- A complaint being made to the Privacy Commissioner by the BridgePoint; and/or
- A complaint to the Ministry of Justice and/or Saskatchewan Health Authority by BridgePoint.

\_\_\_\_ I understand that my obligations under this Agreement will survive beyond the term of my service and/or relationship with BridgePoint.

\_\_\_\_ I understand that I will abide by the Walls and Boundaries of the BridgePoint program.

\_\_\_\_\_  
Professional/Student Name

\_\_\_\_\_  
BridgePoint Center

\_\_\_\_\_  
Date