

This form is for staff to indicate their availability on a **monthly** basis to be considered for shifts.

Availability for Month: _____ Last Name: _____ First Name: _____
 Employee ID #: _____ Phone Number: _____ Can we notify you by text message for urgent shifts (within 24 hours) Yes No

Any Other Employed Position(s) with Alberta Health Services or Any Other Employer:

AHS Employee: Yes No Covenant Employee: Yes No Location: _____
 Position Title: _____ Manager: _____ FTE: _____

AHS recognizes the duty to accommodate arises where an employee demonstrates they have a protected ground. Do you have modified duties/restrictions in place: Yes No

Experience:

- Plaza 124 Referral Centre Meditech Registration School Immunization
- COVID Independent Assessment Clinics Influenza Immunization Program COVID Immunization Program
 Swabbing Administrative Home Visits Administrative Immunizer Home Visits Administrative Immunizer Home Visits

Do you have current access to the following:

NetCare/PD: Yes No **Meditech:** Yes No **Connect Care:** Yes No

Have you completed the following:

All required E-learning Modules Yes No Covid Immunization Orientation / Training Yes No
 Covid IAC Orientation / Training Yes No Are You Signed Off (*Immunizers*) Yes No

Comments related to availability for this month:

Please complete the calendar on the following page by clicking in the boxes to indicate your availability for the month. Please review the instruction document for help in completing this calendar.

If you have any problems with this form, please contact the Influenza Booking Office at 780-735-3006.

Shift start times will vary for each site, see confirmation email

