

***Confirmation of Agreement to Provide***

***Field Practicum and Field Instruction***

***Winter 2025 Semester***

***(January 7 to April 9, 2025)***

School of Social Work

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| **Field Intern:** Student’s Name |  |

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| --- | --- |
| **Agency Name** |  |
| **Street Address of Practicum Site** |  |

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| --- | --- | --- | --- | --- | --- |
| **Field Instructor/Agency Mentor Information** | | | | | |
| Name: |  | | | Tel #: |  |
| Email Address: |  | | | | |
| I am a **Field Instructor OR** | |  | *Check one only! You are an Agency Mentor if Field Instruction will be provided by a School appointed off-site Field Instructor* | | |
| I am an **Agency Mentor** | |  |

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| --- | --- | --- | --- |
| **Agency Coordinator Information** | | | |
| **Name:** |  | **Tel #:** |  |
| **Email Address:** |  | | |

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| **Brief Description of learning opportunities available during the field practicum:** |
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Memorial University protects your privacy and maintains the confidentiality of your personal information. The information requested in this form is collected under the general authority of the Memorial University Act (RSNL 1990 Chapter M-7). It is required for facilitating your BSW field practicum, academic administration, and BSW program planning. Questions about this collection and use of personal information may be directed to a Field Education Coordinators at (709) 864-2556 or [scwkfield@mun.ca](mailto:scwkfield@mun.ca).

*Please return this form to by email attachment to* [*scwkfield@mun.ca*](mailto:scwkfield@mun.ca) *or by fax:709-864-2408 (Attn: Greg Pellerin)*

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| **Field Instructor /Agency Mentor Electronic Signature:** | | | |
| **My signature below provides agreement that I am willing to provide field instruction and/or a field practicum setting to a social work student for the Winter 2025 semester. I am able to meet the requirements of a field instructor/agency mentor as described in the BSW Field Practicum Manual. As a field instructor, I am a registered member in good standing and not currently under sanction with the social work regulator (e.g., NLCSW) in the province in which I am employed.** | | | |
| **Signature:** |  | | |
| **Date:** |  | | |
| **Province and Registration #** (if you are a registered social worker): | | |  |
| *NOTE****:*** *Are you sharing field instruction responsibilities with a colleague? If so, please include co-field instructor’s name here. They are also required to complete a copy of this form, separately from yours.* | | | |
| **Co-Field Instructor’s Name (if applicable)** | |  | |

12/2024