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**Bachelor of Social Work**

**BSW Practicum Agreement Form**

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| **\* *This BSW Practicum Agreement Form must be submitted along with a signed CU Letter to Placement Employers Form and CU Student Declaration Form. Available at:*** [***http://carleton.ca/socialwork/practicum-hub/bsw/***](http://carleton.ca/socialwork/practicum-hub/bsw/)  ***\*Students must register for Practicum Courses once permission is granted by the Practicum Administrator. See the Registrar’s Office for information on registration:*** <http://carleton.ca/registrar/registration/>  ***\*See the BSW Practicum Manual for all deadlines and important information on Practicum Courses. Available at:*** [***http://carleton.ca/socialwork/practicum-hub/bsw/***](http://carleton.ca/socialwork/practicum-hub/bsw/) |

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| **PRACTICUM COURSE:** | |
| **THIRD YEAR COURSES:** | **FOURTH YEAR COURSES:** |
| **SOWK 3600: Fall/Winter** | **\*SOWK 4600**  **Check one Term:**  **Fall Spring/summer** |
| **\*SOWK 3601: Winter**  **\****New 3rd year entry students only* | **\*SOWK 4601/4602**  **Check two terms:**  **Fall Winter Spring/summer** |

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| **STUDENT INFORMATION:** | |
| **Name:** |  |
| **Student Number:** |  |
| **Carleton Email:** | **@cmail.carleton.ca** |

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| **AGENCY INFORMATION:** | |
| **Name of Agency:** |  |
| **Address:** |  |
| **Field Supervisor(s):** |  |
| **Field Supervisor Email:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **Anticipated start date:** |  |
| **Anticipated end date:** |  |

**\*REQUIRED DOCUMENTS: Please attach completed CU Letter to Placement Employers and CU Student Declaration**

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| **STUDENT SIGNATURE:** | **DATE:** |
|  |  |
| **FIELD SUPERVISOR(S) SIGNATURE:** | **DATE:** |
|  |  |
| **Qualifications of Field Supervisor (s):**  Field Supervisor 1:                           BSW  \_\_\_\_\_    MSW  \_\_\_\_\_\_   Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Field Supervisor 2:                           BSW  \_\_\_\_\_    MSW  \_\_\_\_\_\_   Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **PRACTICUM COORDINATOR SIGNATURE** | **DATE:** |
|  |  |

**Submit to: Megan Stansel**

**Practicum Administrator**

**509 Dunton Tower**

[**SSW.Practicum.Admin@cunet.carleton.ca**](mailto:SSW.Practicum.Admin@cunet.carleton.ca)