**Practicum Agreement Form
Master of Social Work**

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| *Students must register for practicum courses once permission is granted by the Practicum Administrator.**For information on course sequencing, see the* [*MSW Program Hub*](https://carleton.ca/socialwork/msw-information/)*.**See the MSW Practicum Manual for application deadlines and important information on practicum courses. Available on the* [*MSW Practicum Hub*](https://carleton.ca/socialwork/practicum-hub/msw/) *under “Student Forms and Manuals.”*  |

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| **PRACTICUM COURSE** |
| [ ]  **SOWK 5606\****\*Taken over winter term of first/foundation year.* | [ ]  **SOWK 5607\****\*Taken over summer term of second/advanced year.* |

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| **STUDENT INFORMATION** |
| **Name:** |  |
| **Student number:** |  |
| **Pronoun(s):** |  |
| **Carleton e-mail (cmail)** | @cmail.carleton.ca |

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| **AGENCY INFORMATION** |
| **Name of Agency:** |  |
| **Address:** |  |
| **Field Supervisor:** |  |
| **Title/Role:** |  |
| **Education/Credentials:** | [ ]  **BSW**[ ]  **MSW**[ ]  **Other *(please specify)*:**  |
| **E-mail:** |  |
| **Phone number:** |  |
| **Fax:** |  |
| **Anticipated start date:***(see* [*term dates*](https://calendar.carleton.ca/academicyear/)*)* |  |
| **Anticipated end date:***(see* [*term dates*](https://calendar.carleton.ca/academicyear/)*)* |  |
| **ADDITIONAL FIELD SUPERVISOR***(If applicable. Add additional sections as needed)* |
| **Field Supervisor 2:** |  |
| **Title/Role:** |  |
| **Education/Credentials:** | [ ]  **BSW**[ ]  **MSW**[ ]  **Other *(please specify)*:**  |
| **E-mail:** |  |
| **Phone number:** |  |

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| **STUDENT SIGNATURE:** | **DATE:** |
|  |  |
| **FIELD SUPERVISOR SIGNATURE:** | **DATE:** |
|  |  |

**Submit to: Megan Stansel
 Practicum Administrator
 School of Social Work** **SSW.Practicum.Admin@carleton.ca**

*Document revised March 31, 2022.*