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**BSW Field Practicum - Student Brief Resume**

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| **Student Name** |  |
| **Telephone Number(s)** | Local |  | Cell |  |
| **MUN Email Address** |  |

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| **Training, Certificates, Degree, and Awards**: |
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| **Volunteer/Practicum Experience:** |
| **Agency Name** | **Job Title** | **Dates and total hours** |
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| **Work Experience:** |
| **Agency Name** | **Job Title**  | **Dates** |
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| **My major strengths, knowledge, and skills relevant to a field practicum are:** |
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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.

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| **What makes me a good choice for an agency?** |
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08/17