



*Confirmation of Agreement to Provide
MSW Field Practicum / Field Instruction*

Student's Name	
Semesters / Dates	

Agency Name	
Street Address of Practicum Site	

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

Agency Coordinator Information			
Name:		Tel #	
Email Address:			

Brief Description of learning opportunities available during the field practicum:

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 <u> </u> semesters. I meet the requirements of a field instructor/agency mentor as described in the MSW Field Education Manual. As a field instructor, I have an MSW degree and am a registered member in good standing (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 registered social worker)	
<i>NOTE: If you are sharing field instruction responsibilities with a colleague, please include co-field instructor's name. They are required to complete a separate copy of this form.</i>	
Co-Field Instructor's Name (if applicable)	

Please submit this form in IPT or return as an email attachment to scwkfield@mun.ca.

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 MSW field practicum, academic administration, and MSW program planning. Questions about this collection and use of personal information may be directed to a Field Education Coordinators at scwkfield@mun.ca.