

UNIVERSITY OF REGINA
FACULTY OF KINESIOLOGY AND HEALTH STUDIES

FIELDWORK EXPERIENCE AGREEMENT FORM

This agreement must be completed and approved by all signatories **before the Fieldwork placement can begin**. The description of the Fieldwork Placement (job description), Special Project Proposal and Learning Objectives must be submitted with this agreement.

1. To be completed by the student:

Student Name: _____ Student No: _____

Agency Supervisor _____

Title: _____

Email: _____

2. To be completed by Agency:

Frontrush database link for Contacts (Supervisors)

https://www.frontrush.com/FR_Web_App/Player/PlayerSubmit.aspx?sid=MTIxMTM=-W3+KGfJuZUs=&ptype=contact

3. To be completed by Student and Agency Supervisor:

Position Title: _____

Hours per week _____ No. of weeks: _____

Proposed Starting date: _____ Proposed End date: _____

Note: Please attach a Fieldwork placement description (job description), Speical Project Proposal and learning objectives to this agreement before signing. The student will submit these documents on the Frontrush ROSTER database.

4. As parties to the Agreement, we have accepted the obligations as stated on this form. We have read the Fieldwork Website (<https://www.uregina.ca/kinesiology/fieldwork-opportunities/objectives.html>) and understand the objectives, policies and responsibilities we both hold. We understand that the job description and special project may need to be adjusted as the placement advances and the student progresses with his/her Learning Objectives.

Agency Supervisor: _____ Date _____

Student: _____ Date _____