International Practicum Proposal

Graduate & Undergraduate Faculty of Social Work Students

*International practicum placements are a unique experience that requires pre-planning and goal setting on the part of the student and supervisors (local and international). This proposal must be submitted at least five to six months in advance of the placement to ensure that all relevant matters related to the placement have been addressed by the student. An academic supervisor will be chosen by the practicum committee based on their interests and knowledge of the practicum setting. The practicum proposals must be approved by the International Practicum Committee and the Associate Dean of Social Work. Students approved for international practicum placement will be required to sign a waiver of liability.*

# Complete all sections of this form and ensure signatures have been acquired. Submit four (4) copies (original plus 3 photocopies) of this completed package to the Chair, International Practicum Committee, Faculty of Social Work, University of Regina.

|  |  |  |
| --- | --- | --- |
| Proposed Practicum Term: | [ ]  Fall | [ ]  Winter |
|  | (March 31st deadline) | (June 30th deadline) |
| Date of Proposal Submission: | Click here to enter a date. |
| **Student Name**: | Click here to enter text. |
| Student Number: | Click here to enter text. |
| Address & Complete Contact Information: |
| Click here to enter text. |
| Program of Study: | Click here to enter text. |
| Proposed Faculty Supervisor: | Click here to enter text. |
| **Practicum Location:** |
| Country: | Click here to enter text. |
| Agency Name and Address: |
| Click here to enter text. |
| Practicum Position Title: | Click here to enter text. |
| Dates of Placement: | Click here to enter a date. | to | Click here to enter a date. |
| Travel dates: | Click here to enter a date. |
| Do you require a visa for this practicum? | [ ]  Yes | [ ]  No |
| If yes, explain how and when you will acquire the visa: |
| Click here to enter text. |
| Language – what language is spoken, are you fluent/have working knowledge of this language, what translation arrangements are in place? |
| Click here to enter text. |
| Name of International Field Supervisor: | Click here to enter text. |
| Position: | Click here to enter text. |
| Qualifications and Experience: |
| Click here to enter text. |
| BSW/MSW OR equivalent qualification: |
| Click here to enter text. |
| Mailing Address & Contact information: |
| Click here to enter text. |
| Email: | Click here to enter text. | Tel: | Click here to enter text. |
| Fax: | Click here to enter text. |

**Practicum Information:**

|  |
| --- |
| Please provide a brief synopsis of the organization/agency, their mission and mandate, and your proposed role. |
| Click here to enter text. |
| Why do you want to undertake this international practicum? |
| Click here to enter text. |
| How will it contribute to your career aspirations? |
| Click here to enter text. |
| Outline your Practicum Objectives (developed in collaboration with Supervisor): |
| Click here to enter text. |
| List your Practicum Learning Goals and how these will be met (developed in collaboration with Supervisor): |
| Click here to enter text. |

**International Practicum Financial Support:**

|  |  |  |
| --- | --- | --- |
| Expense | Budget | Source of Funding |
| Travel (include all travel related costs for the term and itemize) | Click here to enter text. | Click here to enter text. |
| Lodging (rent and bills) | Click here to enter text. | Click here to enter text. |
| Food | Click here to enter text. | Click here to enter text. |
| Insurance (list) | Click here to enter text. | Click here to enter text. |
| Miscellaneous (itemize) | Click here to enter text. | Click here to enter text. |

\*Students are eligible to apply for a grant through the international office by October 15th of each year. Students are required to attend an international orientation prior to departure.

**Signatures**

# Student:

I, Click here to enter text. have completed this form truthfully and accurately and confirm that all the information contained herein is accurate. I agree to attend an international placement orientation prior to my departure.

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  | Click here to enter a date. |
| (Signature) |  | (Date) |

**International Practicum Supervisor:** (Faxed signature can be attached to this form)

I, Click here to enter text. have agreed to accept the above student in an international practicum placement for the Click here to enter text. term from Click here to enter a date. to Click here to enter a date. and agree to support the student, in collaboration with the Academic supervisor, in achieving the stated practicum objectives and learning goals.

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  | Click here to enter a date. |
| (Signature) |  | (Date) |

International Practicum Application – Attachments page

Check all attachments that are included with this application:

|  |
| --- |
| [ ]  Waiver |
| [ ]  Insurance coverage |
| [ ]  Visa |
| [ ]  Photocopy of current passport – picture page only |
| [ ]  Letter of Acceptance from host Organization/Agency |
| [ ]  Other |