

# Fieldwork placement completion form

Valid from April 2011



## SECTION 1: FIELDWORK PLACEMENT 1

Student Name & Student number

### Fieldwork placement 1

		To be completed by ACWA staff
		<b>Compliant (Y/N)</b>
Agency name		
Agency website		
Name and position title of agency supervisor		
Professional qualifications of agency supervisor		
Relevant industry experience of agency supervisor		
Date placement commenced		
Date placement concluded		
Number of placement days per week		
Total number of placement hours		
Did you take part in a group placement? If yes give name & qualification details of Task Supervisor		
How many visits did you receive from the fieldwork placement supervisor at your educational institution during your fieldwork placement?		

Send this form, together with supporting documents and application fee to  
ACWA Course Assessments:  
PO Box 42, FLINDERS LANE VIC 8009  
T (03) 9654 8287  
E [assessments@acwa.org.au](mailto:assessments@acwa.org.au)

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List the community/human services-related tasks you performed during your fieldwork placement:

How did the tasks that you undertook benefit the clients of the agency? Give examples:

How many clients did you interact with during your fieldwork placement? Give examples of client interaction you experienced during your fieldwork placement:

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Give examples of the interaction and support your agency supervisor provided throughout your fieldwork placement:

Explain and give examples of how you integrated your classroom learning into your fieldwork placement:

What did this placement teach you about being a community/human services worker? Give examples:

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What were some of the challenges you faced during this fieldwork placement?

From your fieldwork placement experiences, what areas of further skills development do you need to work on?

How many clients did you interact with during your fieldwork placement? Give examples of client interaction you experienced during your fieldwork placement:

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## Declaration

I, Full name

(address)

that the information contained in this document is, to the best of my ability, true and correct and has been prepared by me in my own words.

Signature:

Date

 /  / 

Course/Fieldwork Placement Coordinator Name

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# Fieldwork placement completion form

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## SECTION 2: FIELDWORK PLACEMENT 2

Student Name & Student number

### Fieldwork placement 2

		To be completed by ACWA staff <b>Compliant (Y/N)</b>
<b>Agency name</b>		
<b>Agency website</b>		
<b>Name and position title of agency supervisor</b>		
<b>Professional qualifications of agency supervisor</b>		
<b>Relevant industry experience of agency supervisor</b>		
<b>Date placement commenced</b>		
<b>Date placement concluded</b>		
<b>Number of placement days per week</b>		
<b>Total number of placement hours</b>		
<b>Did you take part in a group placement? If yes give name &amp; qualification details of Task Supervisor</b>		
<b>How many visits did you receive from the fieldwork placement supervisor at your educational institution during your fieldwork placement?</b>		

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How did the tasks that you undertook benefit the clients of the agency? Give examples:

How many clients did you interact with during your fieldwork placement? Give examples of client interaction you experienced during your fieldwork placement:

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What were some of the challenges you faced during this fieldwork placement?

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How many clients did you interact with during your fieldwork placement? Give examples of client interaction you experienced during your fieldwork placement:

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Signature:

Date

 /  / 

Course/Fieldwork Placement Coordinator Name

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