



Appendix 2: Placement Schedule

This **Appendix 2: Placement Confirmation** incorporates by reference all definitions, terms and conditions set out in the **Student Work Integrated Learning Placements – Letter of Agreement** as agreed between Flinders University and the Placement Organisation identified below. By completing this document the parties agree that the Student/s will undertake the Placement with the Placement Organisation as per the details in this **Appendix 2: Placement Confirmation**.

Student Section 1: Student Details – TO BE COMPLETED BY STUDENT

This form should be taken with you to the interview with Section one completed by you prior to interview

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Student ID:	<input type="text"/>	Telephone:	<input type="text"/>
Course: (tick box)	<input type="checkbox"/> Bachelor of Social Work <input type="checkbox"/> Master of Social Work	Placement: (tick box)	<input type="checkbox"/> First Placement <input type="checkbox"/> Second Placement

Agency Section 2: Agency Field Educator (supervisor) Details – TO BE COMPLETED BY AGENCY

Please complete the sections below

Surname:	<input type="text"/>	First Name:	<input type="text"/>	Title:	<input type="text"/>
Position:	<input type="text"/>				
Agency Name:	<input type="text"/>				
Branch/Program:	<input type="text"/>				
Address:	<input type="text"/>				
Email:	<input type="text"/>				
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>		

Australian Association of Social Workers (AASW) Qualified OnSite Social Work Field Educator (supervisor)
(if different than above)

If there is no AASW qualified onsite Social Worker one will be appointed by Flinders University

Surname:	<input type="text"/>	First Name:	<input type="text"/>	Title:	<input type="text"/>
Position:	<input type="text"/>				
Email:	<input type="text"/>				
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>		

Section 3: Summary of Placement Arrangements – TO BE COMPLETED BY AGENCY OR STUDENT

Start Date: Length of Placement: Days/hours

Please indicate days of work and hours of work in the table below:

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
End Time:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student to upload this completed form into InPlace by following the instructions [here](#).