



Agreement: "supervised practice place Bachelor 'Social Work' PO 2014

- Practice placement <u>outside</u> a partnership -

International committee of the social work department Unit Practice and Projects (RePP) fb10-repp@fh-muenster.de

II be able to comple										
	te a practice place	ment in our fa	cility.							
ddress of the Organ	sation:									
kact place of work o	the practice place	ement student:								
upervisor:	Surname, Forename									
ualification:	☐ BA Social V	Vork □ Sc	ocial work (other of	degree/	certif	icate)			
	☐ Social peda	agogue (BA or	other deg	ree/ce	rtificate)				
el.:										
mail:										
ww:										
cact dates of practic	e placement:					/				
·	Start and end of the	practice placement				٧	Veekly pla	cement	times	
1 weeks with max. 30 ho g/Sep – Dec/Jan)	ırs per week: in the sur	nmer semester fr	om Feb/Mar	– June/J	luly; in the	e winte	er semes	ter froi	m	
e have read and no rnational practice pl					versity	of Ap	oplied	Scien	ces:	ʻln
mational practice pr	docinent semester		or Social W	JIK						

B – Application for acceptance by the student						
Surname, Forename						
Matriculation number:	mester (whe	en doing p	lacement):		
Term time address (in Germany):						
Tel.:						
Email:						
I have arranged the above supervised practice plant I have attached details of the agency. I hereby apply to be accepted to the practice place.						
(Student's signature)		(Place, d	ate)			
C – Acceptance by the coordinator for the pra-	ctice placen	nent abro	ad			
Mr / Ms	,					
has been accepted to do the above named practic	e placemen	t module.				
(Signature) Name of the responsible coordinator in block letters:	(Date)					
D – Certificate on the completion of the practic was done	e placemer	nt by the	agency w	here t	he pla	cement
We hereby confirm that Mr/Ms						
in the supervised placement from the dates of	to					
of total duration of at least 640 full hours						
☐ has completed the placement successfully / ☐	has not con	npleted th	e placem	ent suc	cessfu	lly
Comments:		•	•			,
	cement agency)		(Date)			
When your practice placement has been confirmed		•	, ,	orm to	your re	sponsi-

E – Final certification by the coordinator for practice placements abroad
I hereby certify that Mr/Ms
in the practice placement from the dates of to
has provided evidence of completing the practice placement module with a minimum of 640 hours in total. The placement was, in addition, supervised and evaluated. A written practice placement report has been submitted.
Comments:
(Signature of coordinator for practice placements abroad) (Date)