

Covenant Agreement for Field Placement:

*This form is to be filled out by the student, the Learning Facilitator and the Diaconal/Vocational Mentor in the first weeks of the field placement. Students are to submit this form to the CCS Program Administrator - **by first day of Fall Learning Circle. Please retain a photocopy of the signed document for your records.***

Theme Year:

Student

Name:

Street Address:

City:

Province:

Postal Code:

Phone: (W)
(H)

Fax:

e-mail

Theme Year Field Site

Name:

Street Address:

City:

Province:

Postal Code:

Phone: (W)
(H)

Fax:

e-mail

Learning Facilitator

Name:

Address:

City: Province:

Postal Code:

Phone: (W)
(H)

Fax:

e-mail

Diaconal/Vocational Mentor

Name:

Address:

City: Province:

Postal Code:

Phone: (W)
(H)

Fax:

e-mail

Learning Goals of the Student (please attach final draft of theme year Learning Plan)

From theme year Learning Plan, please isolate the major learning goals related to the field placement:

Entered into Database: _____

(Date)

Learning Opportunities and tasks in the field placement

Please list the learning opportunities and tasks envisioned in this field placement:

Learning Facilitation

When will the Learning Facilitator and student meet?

What does the Learning Facilitator expect from the student? (record keeping, communication, written materials, etc.)

What does the student expect from the Learning Facilitator? (feedback, regular meetings, etc.)

Will there be a service of covenanting/formal recognition of the student’s presence with the ministry/agency setting? What will that be? When will that happen?

We understand and appreciate the responsibilities of entering into covenant agreement in these field placement relationships.

Student: _____ **Date:** _____
(signature)

Learning Facilitator: _____ **Date:** _____
(signature)

**Chair/Representative
from Vestry/Board/Council:** _____ **Date:** _____
(signature)

Entered into Database: _____
(Date)

Contact information:

Local Committee:

Name:

Street Address:

City:

Province:

Postal Code:

Phone: Fax:

e-mail

Name:

Street Address:

City:

Province:

Postal Code:

Phone: Fax:

e-mail

Name:

Street Address:

City:

Province:

Postal Code:

Phone: Fax:

e-mail

Name:

Street Address:

City:

Province:

Postal Code:

Phone: Fax:

e-mail

Local Committee meetings

When will the Local Committee and student meet?

Entered into Database: _____

(Date)

Acknowledgement of CCS Harassment Policy and Procedures Form

After reviewing the excerpts of the CCS Harassment Policy and Procedures document, (the full document is located on the CCS website at www.ccsonline.ca), sign and return a copy of this form to the CCS Program Administrator by the first day of the Fall Learning Circle.

Name of Student: _____

Name of Diaconal/Vocational Mentor: _____

Name of Learning Facilitator: _____

We understand and appreciate the responsibilities of entering into a learning relationship. We have reviewed together the Harassment Policy of the Centre for Christian Studies and we understand that it is to govern our behaviour and relationship.

Student: _____ Date: _____
(signature)

Diaconal/Vocational Mentor: _____ Date: _____
(signature)

Learning Facilitator: _____ Date: _____
(signature)

This signed document has an important legal status regarding the Harassment Policy and must be on file at CCS. (When this form is signed and completed copies should be retained by the student, Learning Facilitator and Vocational Mentor; and copies sent to the Local Committee and Program Administrator.)

Entered into Database: _____
(Date)