

## MANITOBA COLLEGE OF SOCIAL WORKERS CONTINUING COMPETENCE PROGRAM

### CONTENT-SPECIFIC WORKSHOP EVALUATION FORM

*(Practicing Members – complete and retain for each activity offered by an Approved Provider included in your 8 hours of Content-Specific Workshops\*)*

#### GENERAL INFORMATION:

Workshop Title: \_\_\_\_\_

Continuing Competence Provider: \_\_\_\_\_  
*(\*Workshop providers must be on the Approved Continuing Competence Provider list)*

Date(s) of Workshop: \_\_\_\_\_

Location: \_\_\_\_\_

#### PART ONE - PRIOR TO ATTENDANCE

Describe the workshop you plan to attend as part of the 8 hours of Content-Specific Workshop(s) category of the Continuing Competence Program.

The workshop provided learning in which of the two specified topic areas?

- MCSW Code of Ethics and College Standards of Practice
- Social Work with Indigenous Peoples

**\*Note that only workshops provided by MCSW Approved Providers in the above topic areas are eligible in this CCP category.**



### **PART THREE - EVALUATION OF WORKSHOP**

How has completion of this workshop influenced/enhanced your social work practice in the relevant topic area?

Did the provider seek participant feedback to evaluate the program?

Do you self-declare that this event meets the requirements of the 8 hours of Approved Content-Specific Workshop(s)?

Yes

No

Workshop Content/Participation Hours: \_\_\_\_\_

Please retain all Content-Specific Workshop Evaluation Forms as part of your Continuing Competence records. Itemize and attach the registration/curriculum/ certificates related to this event.

**\*\*\* Members must retain all registration documents, workshop content descriptions, notes, handouts, certificates of completion and workshop evaluation forms for a minimum of 5 years. You are NOT REQUIRED TO SUBMIT this evaluation form unless requested.**

Member Name: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_