

MANITOBA COLLEGE OF SOCIAL WORKERS CONTINUING COMPETENCE PROGRAM

WORKSHOP APPROVAL REQUEST FORM - MEMBERS

CONTACT INFORMATION

First Name: _____ Last Name: _____

Primary Phone: _____

Primary E-mail: _____

WORKSHOP PROVIDER INFORMATION

Organization: _____

Title of Workshop: _____

Date(s) of Workshop: _____

Location: _____

Name(s) of Presenter(s)/Facilitator(s): _____

Qualifications of program providers: _____

***When completing this form, please add separate sheets where necessary to fully complete a question.**

PROGRAM INFORMATION

1. Program Content:

- MCSW Code of Ethics and Standards of Practice**

Summarize the workshop content with reference to the sections of the MCSW Code of Ethics and/or the MCSW Standards of Practice that are included in the workshop.

Does program include the involvement of a registered Social Worker in the development, delivery and/or monitoring of the program?

- Yes No

If yes, please describe:

Social Work with Indigenous Peoples

Summarize the workshop content, including description of content about the history, culture and spirituality of Indigenous Peoples.

Is the workshop content relevant to Manitoba/Canada?

2. Format:

- In-person workshop, conference or seminar
- On-line interactive workshop (i.e. live with on-line interaction or interactive through questions)

3. Length of program in hours (not including lunch/coffee breaks): _____

4. Does the provider seek feedback to evaluate the program?

DOCUMENT CHECKLIST:

PROGRAM DESCRIPTION / COURSE CONTENT / CURRICULUM / LINK TO E-LEARNING

Signature of Member

Date

**SUBMIT THIS FORM, ALONG WITH PROGRAM OUTLINE/COURSE
CONTENT/CURRICULUM TO:**

Manitoba College of Social Workers
101-2033 Portage Avenue, Winnipeg, MB R3J 0K6
Fax: (204) 831-6359 Email: admin@mcsw.ca Website: www.mcsw.ca

FOR OFFICE USE ONLY:

Approved: Yes No

Date: _____

Executive Director/Registrar Signature: _____

Notes: _____
