

CONTINUING COMPETENCE PROGRAM

CONTENT-SPECIFIC WORKSHOP EVALUATION FORM

(Practicing Members – complete and retain for each activity included in your 8 hours of Content-Specific Workshops)*

GENERAL INFORMATION:

Workshop Title: _____

Presenter & Organization Name: _____

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 & College Standards of Practice
- Social Work with Indigenous Peoples

PART TWO - AFTER ATTENDANCE

Topic Area:

- MCSW Code of Ethics & Standards of Practice:**
Summarize the workshop content with reference to the sections of the MCSW Code of Ethics and/or Standards of Practice that were reviewed.

- Social Work with Indigenous Peoples:**
Summarize the workshop content, including description of content about the history, culture and spirituality of Indigenous Peoples; Canada's relationship with Indigenous Peoples; and/or reconciliation, mutually respectful relationships and cultural safety.

Describe how the workshop content is relevant to Manitoba/Canada.

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 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: _____