

PLACEMENT INFORMATION FORM

*Field Education Program, McMaster Divinity College
Hamilton, ON, L8S 4K1*

Please Note: *This form must be completed by the Field Supervisor and filed with the Field Education Office in order for the placement to be officially approved as a field education site of McMaster Divinity College.*

DATE:

NAME OF CHURCH / ORGANIZATION:

Mailing Address:

Telephone:

E-Mail:

NAME OF PROPOSED SUPERVISOR:

Position or Title:

Contact Information (if different than above):

INFORMATION REGARDING THE PLACEMENT SETTING

- 1. Briefly describe the field setting (congregation, organization) including size, characteristics, community context, distinctive ministries, and denominational affiliation if applicable.*

- 2. List the learning and ministry opportunities available for a field education student.*

- 3. Describe the kind of student that would profit most from this particular placement.*

4. *Is the placement in a position to offer any remuneration or compensation for expenses? (not mandatory)*

5. *Does this offer to serve as a field education supervisor apply only to the current year, or on an ongoing basis?*

INFORMATION REGARDING THE SUPERVISOR

Please provide a brief biographical sketch including: a) education/ training; b) ministry/ professional background and experience; c) areas of special interest; d) previous supervisory experience (if applicable).

DECLARATIONS

Supervisor: *I am willing to accept the responsibility of supervising a Field Education student from McMaster Divinity College and to fulfill the expectations for field supervisors as outlined in the Field Education Manual. This includes investing the time necessary for individual supervision of the student as well as for attendance at the orientation and training workshops for Field Supervisors offered by the College.*

Name/Signature:

Representative from Church/Organization: *Our church/organization is willing to serve as a field education site for a student from McMaster Divinity College and to allow the field supervisor to invest the time necessary for training and for supervision of the student.*

Name/Signature:

Please submit this form to the Director of Field Education: a) by mail to the College address noted above; b) by fax: 905-577-4782; OR c) as an email attachment: beachl@mcmaster.ca