

## **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** (or by November 15 for August LDM students). **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:

**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:

Phone:

Province:

Fax:

Postal Code:

e-mail

Name:

Street Address:

City:

Phone:

Province:

Fax:

Postal Code:

e-mail

Name:

Street Address:

City:

Phone:

Province:

Fax:

Postal Code:

e-mail

Name:

Street Address:

City:

Phone:

Province:

Fax:

Postal Code:

e-mail

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](http://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 (or November 15 for August LDM students).

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)