

**SCHOOL OF SOCIAL WORK AND SOCIAL POLICY  
PRACTICE TEACHER REGISTER**

Date :  BSS :  MSW:

Name:

Agency:

Address:

Mobile:

Tel:

Email:

CORU Registration Number:

Position Held:

Previous Experience:

Professional qualifications  
(and dates awarded)

Please list your areas of interest & expertise:

Previous experience of Practice Teaching:

Have you attended any Practice Teacher Training Workshops?

Yes

No

Key learning opportunities offered by your agency:

Suggested reading/preparation for placement in this setting:

Additional information

Please complete and return this form to: [fieldwork.unit@tcd.ie](mailto:fieldwork.unit@tcd.ie)