Proposal for Presentation: Continuing Professional Development Event

Please email your proposal to <u>bcasw@bcasw.org</u> with *Presenter Application* in the subject line. Your proposal will be forwarded to the BCASW Professional Development Committee for consideration. If approved, next steps including scheduling, advertising, and presentation. Thank you for submitting your proposal.

Submission Form			
Presenter(s) Name		Credentials	
Job Title/Area of Practice(s)	Organization	/Location(s)	
Address(s)	1	Phone(s)	
		Email(s)	
Brief Presenter Bio(s) (100 words max)			
Title of Professional Development Event			
Key Participant Groups, Level of Experience of Participa	nts		
Summary of Professional Development Event (50 words	5)		

Learning	Objectives
8	
	Dete(a)
Preferred	Date(s)
Event De	ails (online, lecture, slides, video, small group discussion, length of event)
Handouts	
	cuss if proposal is accepted.

Although collegial webinars do not serve as advertisements for professional services or products, BCASW recognizes that presentations may contain content from professional practice and business. Presenters may indicate that they provide services and/or additional training at the end of their presentation.

The content presented in BCASW hosted events is for general educational information purposes only and is solely the opinion of the author and presenter. No webinar is intended to provide professional or legal advice, and is not necessarily considered mainstream social work theory or practice. It is left to the discretion and judgment and is the sole responsibility of each attendee to determine what is useful for their own practice.

BCASW cannot be held responsible for the material, opinions, or any inadvertent errors or omissions in the preparation or presentation of the material. The statements and opinions expressed are those of the authors and presenters and not those of the BCASW.

Presentations will not be recorded. Slides may be forwarded to participants along with a satisfaction survey following the presentation.

I_____ have read the above and grant permission to the BC Association of Social Workers to host this presentation if selected.

Signature_

, Lead Presenter Date Submitted