KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY



ORIENTATION VISIT REPORT BOOKLET
Master of Social Work- I Semester
Course: PG SW OV 01

Submitted by

Name: …….....…….....……..

Enrolment Number: …….....…….....……..

Course: …….....…….....…….

Semester: …….....…….....……..

Study Centre and Code: …….....…….

Date: …….....……...

Signature of Supervisor *Seal of Study Centre*

Guidelines:

a. *The learners would prepare an orientation report on the basis of visit to any 2 voluntary agency/NGO or governmental organization, Hospitals with Medical Psychiatric Social Work Department, Educational Institutions for economically disadvantaged people, Industry or a Factory with more than 100 workers.*

b. *The questions in this booklet has to be answered based on information collected through such visit to an organization of a category as mentioned above.*

c. *The main objective of Orientation Visit is to acquaint the learner with the organizational functioning of such kind of professional institutions as mentioned above.*

d. *The report booklet would be submitted prior to MSW 1st Semester Examination.*

e. *This report booklet would be submitted to the OSD (Examination), Krishna Kanta Handiqui State Open University, Housefed Complex, Dispur, Guwahati - 781 006, through respective Study Centres.*

f. *The report should be hand written.*

ORGANISATION - 1

Fill in the following :

i. Name of the Organization

ii. Address of the Organization

iii. Date and Time of Visit

iv. Purpose of the Visit

v. Type of Organization: Non- Governmental/ Governmental/ Private- Public Partnership (PPP)

vi. Name and Designation of person interacted with in the Organization

vii. Vision of the organization

viii. Mission of the organization

ix. Other Aims and Objectives/ Key Goals

x. Founder of the Organization

xi. Month and Year of Establishment of the Organization

xii. Beneficiaries/ Target Group of the organization

xiii. Organizational Structure (Use a Flow Chart Diagram)

xiv. Funding of the Organization

xv. Needs of the organization identified during the visit

xvi. Other problems faced by the organization in its functioning

xvii. Skills applied by the Social Work Trainee in the orientation visit

xviii. Your Observation and Learning

xix. Evaluation of the Organisation

Signature of Learner *Place and Date*

ORGANISATION - 2

Fill in the following :

i. Name of the Organization

ii. Address of the Organization

iii. Date and Time of Visit

iv. Purpose of the Visit

v. Type of Organization: Non- Governmental/ Governmental/ Private- Public Partnership (PPP)

vi. Name and Designation of person interacted with in the Organization

vii. Vision of the organization

viii. Mission of the organization

ix. Other Aims and Objectives/ Key Goals

x. Founder of the Organization

xi. Month and Year of Establishment of the Organization

xii. Beneficiaries/ Target Group of the organization

xiii. Organizational Structure (Use a Flow Chart Diagram)

xiv. Funding of the Organization

xv. Needs of the organization identified during the visit

xvi. Other problems faced by the organization in its functioning

xvii. Skills applied by the Social Work Trainee in the orientation visit

xviii. Your Observation and Learning

xix. Evaluation of the Organisation

Signature of Learner *Place and Date*