**Instructions for Program Coordinators**

Please thoroughly review the following instructions prior to completing this Project Description Form. If you have any questions, please contact your Program Officer.

1. ***Remove this instruction page prior to using this form.***
2. Complete a draft form by filling out **all** sections of the Project Description Form in consultation with the Partner Organization. Best practice is to offer to complete a first draft for the Partner Organization and then have them review it before moving on.
3. Submit the completed form to your Program Officer for review. Forms should be submitted via Box as they are completed (i.e. ***on a rolling basis***).
4. Your Program Officer will review the completed form and make any necessary edits and comments ***using track changes*** before returning a revised copy to you via Box.
5. If revisions are required:
	1. ***Accept all track changes and make any necessary updates/revisions utilizing track changes.***
6. If no additional revisions are required:
	1. Submit via Box the completed form to your On-site Supervisor for review and final approval and signature. Forms should be submitted as they are completed (i.e. ***on a rolling basis***). Once this form is signed by your On-site Supervisor, it is considered final.
7. Submit via email final copies of form to:
	1. Partner organization(s), along with Organization Agreement for signature;
	2. Lawyer Supervisor(s), along with Lawyer Supervisor Agreement for signature; and,
	3. Student Volunteer(s), along with Student Volunteer Agreement.
8. Submit ***all completed final Project Description Forms in Word format to your Program Officer.***
9. Retain copies of all agreement forms and Project Description forms in your Chapter Box account.

 ***- End of Instructions –***

**Chapter:** Enter text

**Program year:** Enter text

**Project Name:** Enter text

*Note: The project name should be concise, distinguishable from other projects, and easily identifiable for volunteers, partners, and clients.*

**Section A – Organizational Information**

1. **Name of Organization**: Enter text
2. **Mailing Address of Organization:**  Enter text
3. **Website of Organization:** Enter text

1. **Type of Organization**:

[ ]   Click to select drop down option

[ ]  Other please specify

1. **Brief overview of the organization’s mandate (2 to 4 lines maximum)**:

Enter text

1. **Organization Contact Person**

Name: Enter text

Title: Enter text

Telephone Number: Enter text

Email Address: Enter text

1. **Preferred mode of contact**: Phone [ ]  Email [ ]
2. **How often will the organization contact person be available to meet with the student(s)?** Enter text
3. **Lawyer supervisor(s)**

*Note: For certain projects, students work with a roster of lawyers. In such instances, please include the information of all lawyer supervisors, and indicate who the lead lawyer/key point of contact is.*

 Type of Lawyer Supervisor:

 Click to select drop down option

Name: Enter text

Title: Enter text

Organization/Firm: Enter text

 Telephone Number: Enter text

 Email Address: Enter text

The lawyer supervisor is:

[ ]  Click to select drop down option

[ ]  Other (please specify relationship)

1. **How often will the lawyer supervisor be available to meet with the student(s)?** Enter text

**Section B – Project Information**

1. **Please describe the project tasks**:

*Note: If there are multiple projects, please complete a separate Project Description Form for each project. Include details on the final deliverable and expected timelines, etc. Include details on the division of workload, etc.*

**Description of Project**

Enter text

**Role of Student Volunteers**

Enter text

**Role of Supervising Lawyers**

Enter text

**Which types of law are used in this project?**

Enter text

1. **What is the main project deliverable?**

 Click to select drop down option

1. **What is the project delivery format?**

 Click to select drop down option

**Please provide details** (*e.g. volunteers will attend the clinic once a week on Friday afternoons or weekly virtual bi-weekly meetings with the team)***:**

Enter text

1. **If you checked boxes A or C in question 12, above, do you consent to the Student Volunteer(s) sending to PBSC a copy of the project deliverable?** *Please note it is your responsibility to collect and retain any project deliverable or documentation required to carry out the work set out in this Form.* If you consent to PBSC saving a copy of the project deliverable (this strictly applies to Research and Public Legal Education projects), the documents will be securely saved and used solely for the purposes of monitoring the progression of the project, informing project development, and offering efficient continuity to returning projects, and will not be reproduced, shared, or used outside of these stated purposes.
	1. [ ]  I consent to PBSC saving a duplicate of the project deliverable.
	2. [ ]  I do not consent to PBSC saving a duplicate of the project deliverable.
2. **If you checked boxes B or C in question 12, above, what is your plan for distribution of PBSC’s Client Impact Survey?**

**Note: PBSC’s Client Impact Survey** is an important tool that allows our organization to measure client satisfaction and impact, report to stakeholders, and improve our programming. The Client Impact Survey is available through Qualtrics, which meets all federal and provincial privacy and security laws (data is stored in Canada).

[ ]  Click to select drop down option

Volunteers will be provided with the hyperlink and QR Code at the start of their placements. Where appropriate, printed copies of the survey may be used as long as there is a protocol in place to safeguard client confidentiality.

[ ]  Other. If neither of the above options are an appropriate means of distributing PBSC’s Client Impact Survey for this project, please explain your plan for distribution.

Enter text

1. **A work plan is required for this project**: Yes [ ]  No [ ]

*If yes, the student(s) must reach out to the lawyer supervisor, draft a work plan, and submit it by email to the Program Coordinator and the lawyer supervisor by November 1st at the latest. Please note that workplans are required for all legal research and writing projects.*

Enter text

1. **Is this a joint project with students from any other PBSC chapters?**

*If yes, please indicate details: which sections, the division of work, and the model of supervision, etc.*

Enter text

1. **What type of training will the organization provide to the student(s**)**?**

*Note: All first year PBSC volunteers and all volunteers working on research projects must also attend a PBSC/Thomson Reuters legal research strategies workshop.*

Enter text

1. **How many students would you like assigned to this project?**

Enter text

1. **How many hours per week will the student volunteer(s) be expected to work?**

*Note: PBSC students are expected to volunteer 3-5 hours per week. Additional hours are at the students’ discretion, but at no time should the student be volunteering more than 10 hours per week*.

Enter text

1. **Will the student(s) be expected to show up for regular shifts each week, or is the schedule flexible**?

Enter text.

1. **Is workspace provided for the student volunteer(s) at your organization?**

Enter text

1. **Please list the devices and technologies the students will require to have at home in order to complete their volunteer work remotely (ex. Computer, Internet access, telephone, FaceTime, Zoom, etc.)**

Enter text

**Section C – Student Requirements**

1. **Is there an expectation for the student(s) to be bilingual?**

Enter text

1. **Can first year law students volunteer for this project?** Yes [ ]  No [ ]
2. **Please list any law school prerequisites required for this project**. *(e.g., administrative law, family law, immigration and refugee law.)*

Enter text

1. **Please list any other requirements or expectations for this project**. *(e.g., professional or academic background, experience, etc.)*

Enter text

**Section D – To be completed by the Program Coordinator**

1. **Which project model(s) most accurately describes this project?** If the project has multiple activities, please choose a **maximum of** **3** project models. In order to obtain the most accurate data, please only select the project models that describe the majority of the project’s activities. If the relevant project model is not indicated below, please contact your Program Officer.

[ ]  Public Legal Education (presentations, workshops, podcasts, brochures, blogs, etc.)

[ ]  Research (memoranda used for internal purposes only)

[ ]  Client services (court forms, shadowing, mock hearings, intake, legal clinic, etc.)

[ ]  Other (please specify)

1. **Which communities does this project serve?** Please identify the top **3** communities that this project serves. Please choose the primary (1), secondary (2) and tertiary (3) communities served by selecting 1, 2 or 3 next to the community. This will help us understand gaps in our programming, resource allocation and provide us with information for funding proposals and reports. We understand that due to the intersectionality of identities, it is difficult to rank the top three communities served. Please note that by ranking, you are not prioritizing any issues, or communities. If you would like to add any comments, please use the comment box below.
	* + 1. Click to select drop down option
			2. Click to select drop down option
			3. Click to select drop down option

Comments:

Enter text

**For internal Chapter use**

**Project reviewed and approved by the PBSC Chapter On-site Supervisor**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On-Site Supervisor Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

**Note: A final/complete copy of this Project Description Form must be provided to the Organization Contact Person, Lawyer Supervisor(s), Student Volunteer(s) and Program Officer at National Office.**