



**DALHOUSIE
UNIVERSITY**

FACULTY OF HEALTH
School of Social Work

School of Social Work

1459 LeMarchant St. Suite 3201
P.O. Box 15000, Halifax, Nova Scotia
Canada B3H 4R2
Phone (902) 494-1187
Fax (902) 494-6709

AGENCY INSTRUCTOR/SUPERVISOR	INFORMATION FORM
-------------------------------------	-------------------------

Please indicate if the BSW Field placement is through:

Campus Delivery Distance Delivery Date: _____

The following information is required to complete confirmation of placement.

Name: _____	Pronouns: _____
Work Address: (Please indicate the Physical Address): _____	

Postal Code: _____	Telephone: (W) _____
Fax: _____	Email: _____

What is your Education:	BSW <input type="checkbox"/>	MSW <input type="checkbox"/>	Other _____
-------------------------	------------------------------	------------------------------	-------------

Note: If you do not have a Social Work Degree, please fill out the **SELECTION FORM.**

Name of Agency: _____	
Name & Title of Agency Head: _____	
Agency Address: _____	
Postal Code: _____	Email: _____

Name of Student: _____
Dates of Placement: From _____ To _____

**Please return form to:
Field Education Assistant
sswfield@dal.ca**