



**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**

**SELECTION FORM**

**Please indicate if the MSW Field placement is through:**

Campus Delivery

Distance Delivery

**If the prospective Agency Instructor does not have a Social Work Degree, please complete this form.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Work Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: (W) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_

Website/Email: \_\_\_\_\_

Are you a Registered Social Worker? Yes  No

If responding **No** to the above and you do not have a Social Work Degree, please list previous education:

<b>Name of Institution</b>	<b>Program</b>	<b>Graduation Date</b>
<i>Example: Dalhousie University</i>	<i>Diploma in Social Sciences</i>	<i>April 2005</i>
1. _____	_____	_____
2. _____	_____	_____

**Please comment on your knowledge of the social work profession that you believe is relevant to supervising a social work student.**

**Please comment on the experience you have relevant to the field of practice of the Placement Agency.**

**Please indicate your commitment to the following:**

Sound knowledge of the philosophy, purpose, structure, policies and services of the Placement Agency.

An ability to interpret the work of the Placement Agency.

Sufficient control over the workflow to be able to facilitate the placement and provide the necessary time to supervise the student in the work placement.

Interest in supervision and social work education.

Willingness to meet the educational objectives of the SSW Field Education program.

Willingness to attend workshops, meetings and seminars either locally or when offered online by SSW, related to Field Education.

Familiarity with the Canadian Association of Social Workers Code of Ethics.

**Comment:**

Name of Student: \_\_\_\_\_

Dates of Placement: From \_\_\_\_\_ To \_\_\_\_\_

**Please return form to:**  
**Field Education Assistant**  
[sswfield@dal.ca](mailto:sswfield@dal.ca)