



**MSW STUDENT INFORMATION FORM**

**DISTANCE**

Name of Student: \_\_\_\_\_ Student Number: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
 Dalhousie Email Address: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_

I have a BSW from \_\_\_\_\_ Date Completed: \_\_\_\_\_

Do you have access to a vehicle?     Yes     No  
 Are you currently employed?         Yes     No     Full-time     Part-time  
 Can you be called at work?          Yes     No  
 Will you be working during your placement?     Yes     No     Full-time     Part-time

Please check when you plan to do your Field placement:

- September to April (2 days/week) (Part Time)
- September to December (Full Time)       January to April (Full Time)

*Please note: Requests for placement with Alberta Health Authority, if accepted, are only available in the Jan – April Full-time block.*

Specify Areas of Direct Practice Interest (i.e. Physical Medicine, Community Development, Mental Health)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**IMPORTANT:** Please list prospective placement agencies that you have made contact with, in order of priority. Do not include agencies that have declined your placement request. If an agency has agreed to offer you a placement, only list that one agency: **Only list 1 health authority or hospital. Please do not contact health authorities directly: just list one health authority that you are interested in.**

1. Name of Agency: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**How did the agency respond to your request:**

2. Name of Agency: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**How did the agency respond to your request:**

3. Name of Agency: \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**How did the agency respond to your request:**

**EMERGENCY CONTACT:**

Please indicate who we should contact in the event of an emergency.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone#/Email

\_\_\_\_\_  
Relationship to You

**(DIS)ABILITY SUPPORT FOR FIELDWORK**

There is support for students who need accommodations for fieldwork due to a (dis)Ability. If you have a (dis)Ability and might require accommodations within fieldwork please register at the Mark A. Hill Access and Advising Centre located in the Killam Library Building (see link below). The School's Accommodation Officer/Associate Director is also available to discuss your accommodation needs particularly if those needs extend beyond the services of the Mark A. Hill Centre. It is advisable to register even if you are not certain you will need accommodations so we are prepared to support you if needed.

[http://www.dal.ca/campus\\_life/academic-support/accessibility.html](http://www.dal.ca/campus_life/academic-support/accessibility.html)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please check this box to indicate electronic signature:

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

**Note:** Completion of this form is required as part of the **Student Submission Package**.