



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)

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

Student Signature

Date

Please check this box to indicate electronic signature:

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

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