

AGENCY INSTRUCTOR

INFORMATION FORM

Please indicate if the BSW Field placement is through:

Campus Delivery Distance Delivery

The following information is required to complete confirmation of placement.

Name: _____	Date: _____
Work Address: (Please indicate the Physical Address): _____ _____	
Postal Code: _____	Telephone Numbers: (W) _____ (H) _____
Fax: _____	Email: _____

What is your Education: BSW MSW 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 Supervisee: _____
Dates of Placement: From _____ To _____

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