



**BSW STUDENT INFORMATION FORM** **CAMPUS**

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

Dalhousie Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Summer Residence #: \_\_\_\_\_

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

If working fulltime during placement, how do you propose to complete the required hours?

Please check when you plan to do your Field placement:

September to May (part-time)  April to August (full-time block)

What areas of social work or social issues are you interested in?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Please describe areas of practice skills you would like to focus on while completing your field course (please refer to the course objectives):

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Are there fields of social work practice and/or specific agencies/organizations that you do not want to have considered?

Yes  No

If yes, please explain \_\_\_\_\_

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Prospective Placement Agencies in Order of Priority:

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

### **(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**.