

## MSW STUDENT INFORMATION FORM (DISTANCE)

Name of Student:		Student Number: B00	
Preferred Name:		Pronouns:	
Dalhousie Email Address:			
Current Address:			
		Postal Code:	
Phone Numbers:	Cell	Home	

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 (Part-Time)	<i>Please note: Requests for placement with Alberta Health Authority, if accepted, are only available in the Jan-April full-time block.</i>
	September to December (Full-Time)	

**The following information is optional:**

Placements will sometimes specifically request students from certain groups who may share lived experience, heritage, language, etc.

Do you identify with any of the following?

Indigenous	African Nova Scotia/Canadian
Other racial ethnic group	Living with a (dis)Ability
Other	

**Specify Areas of Practice Interest** (i.e. Physical Medicine, Policy Development, Counselling, Community Development, Mental Health) **in order of priority.**

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.**

<b>1</b>	Name of Agency:	
	Complete Mailing Address:	
	Contact Person:	Email Address:
	Phone:	Fax:
	<b>How did the agency respond to your request?</b>	

<b>2</b>	Name of Agency:	
	Complete Mailing Address:	
	Contact Person:	Email Address:
	Phone:	Fax:
	<b>How did the agency respond to your request?</b>	

<b>3</b>	Name of Agency:	
	Complete Mailing Address:	
	Contact Person:	Email Address:
	Phone:	Fax:
	<b>How did the agency respond to your request?</b>	

<b>EMERGENCY CONTACT:</b> Please indicate who we should contact in case of any 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. [dal.ca/campus\\_life/academic-support/accessibility.html](http://dal.ca/campus_life/academic-support/accessibility.html)

Student Signature:	Date:
Please check this box to indicate electronic signature	

Please submit your field package to “Social Work Field Education” on Brightspace. If you don't have access to this page on Brightspace, please let [sswfield@dal.ca](mailto:sswfield@dal.ca) know.

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