



MSW STUDENT INFORMATION FORM **CAMPUS**

Name of Student: _____ Student Number: _____

Preferred Name: _____ Pronouns: _____

Dalhousie Email Address: _____

Current Address: _____

_____ Postal Code: _____

Telephone Numbers: (H) _____ (W) _____ (C) _____

I have a BSW from _____ Date Completed: _____

Placements will sometimes specifically request students from certain groups who may share lived experience, heritage, language, etc... with the clients/communities they serve etc. We invite you to use this space to list any identities that you feel comfortable disclosing that could help with placement matching:

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:

January to June (2 days/week for 28 weeks) (Part-time)

Full-time Placement (13 weeks) from _____ to _____

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

1. _____
2. _____
3. _____
4. _____

Agencies you are interested in: (Please note that it may not always be possible to secure a placement in your preferred location). **Please specify priority.**

1. _____
2. _____
3. _____
4. _____

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**.