

**AGENCY INSTRUCTOR/SUPERVISOR**

**INFORMATION FORM**

**Please indicate if the MSW 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: (W) _____
Fax: _____	Email: _____

Do you have an MSW:    Yes <input type="checkbox"/> No <input type="checkbox"/>
University _____ Date Completed: _____
<b>Note: If you <u>do not</u> have an MSW, please fill out the <b>SELECTION FORM</b>.</b>

Name of Agency: _____
Name & Title of Agency Head: _____
Agency Address: _____
Postal Code: _____      Email: _____

Name of Student: _____
Dates of Placement:    From _____ To _____

**Please return form to:**  
**Field Education Assistant**  
[sswfield@dal.ca](mailto:sswfield@dal.ca)

\*Please submit your most recent CV with this form.