**SUMMER FIELD APPLICATION FORM**

**DUE DATE: FEBRUARY 1**

**Please forward this application along with your current résumé in separate attachments to Patti.Kafka@umanitoba.ca. Late applications will not be accepted.**

Inner City Social Work Program Fort Garry Social Work Program

Other (e.g. USB, DDSWP) Please identify: Click here to enter text.

Please review eligibility criteria and check off applicable category:

SWRK 4120: Final Field SWRK 6050: Pre-MSW

Pre-requisite to **Summer Field SWRK 4120**: SWRK 3150, 4200, 1310, 2080, 2090, 3140, and DGPA and SGPA of 3.0 or higher

Pre-/Co-requisite to **Summer Field SWRK 6050:** SWRK 6020, and DGPA and SGPA of 3.0 or higher

Co-requisite to **SWRK 4120:** SWRK 4300; Co-requisite to **SWRK 6050:** SWRK 4200

Name: Click here to enter text. Student # Click here to enter text.

Address: Click here to enter text.

Primary Phone Number Click here to enter text. Secondary Phone Click here to enter text.

University of Manitoba E-Mail Address Click here to enter text.

Alternate Contact Person and Phone Number Click here to enter text.

Do you have a valid Driver’s Licence? Do you have access to a car?

Languages, other than English, spoken and/or written? Click here to enter text.

Do you have any special accommodation requirements or other needs to be considered in your referral to field placement? If so, please describe:

Click here to enter text.

Do you have any charges or convictions? If yes, please describe:

Click here to enter text.

If you have had any criminal charges/convictions, have you applied for a pardon?

Click here to enter text.

If applying for final field SWRK 4120, where was your first field placement?

Click here to enter text.

Other Student Comments:

Click here to enter text.

**------FOR OFFICE USE ONLY------**

**Summer Field Request Form Received on ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Résumé e-mailed with Field Application Form

Eligibility Assessed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Confirmed Yes No

Referral to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Confirmed Yes No

Referral to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Confirmed Yes No

Referral to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Confirmed Yes No

Field Instructor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WRHA requirements (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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