**MSW ADVANCED PRACTICE APPLICATION FORM**

**DUE DATE: JUNE 30**

**Please forward this application along with your current résumé in separate attachments to Patti.Kafka@umanitoba.ca.**

SWRK 6050: Pre-MSW

Co-requisite SWRK 7190

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.

Preference for focus of practice i.e., clinical, policy or community:

Click here to enter text.

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

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

Résumé e-mailed with Field Application Form

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

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

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

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

Placement Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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