

Faculty of Social Work**MSW Advanced Level (SWRK 7180) Field Placement Application Form
FALL/WINTER SESSION**

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

DUE DATE: APRIL 1ST

Please note: SWRK 7190 Integrating Theory and Research in Advanced Field Practice is a co-requisite to SWRK 7180 Advanced Field Practice.

Last Name: _____ First Name: _____

Preferred Name: _____ Pronoun(s): _____

Student #: _____ UM Email: _____

Primary Phone #: _____ Secondary Phone #: _____

Address: _____ Postal Code: _____

Do you have a valid Canadian Driver's License? Yes No

Will you have access to a vehicle for your field placement? Yes No

Languages (other than English) spoken and/or written? _____

Social work areas of practice I am interested in:

Are there any specific agencies or organizations where you would like to do your field placement?

Are there any circumstances and/or factors that might affect your field placement?

If yes, please describe:

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

Any additional information or comments:

Important:

All students must meet field agency specific requirements prior to commencing field placement. These are specified by the respective field agency and may include:

Child Abuse Registry Check, Criminal Record Check with Vulnerable Sector Search, and Adult Abuse Registry Check*.

**Please note: Students will be responsible for any additional fees associated with the above requirements.*

Students seeking a field placement in a health care setting are also expected to provide documentation confirming immunization or demonstrated immunity to a number of communicable diseases prior to entry into the setting. Additional information regarding these requirements will be shared once the field placement is confirmed.

Questions:

If you have any questions or require additional information, please contact:

Karen McKim,
Field Education Coordinator
Phone: 204-474-8767
Email: karen.mckim@umanitoba.ca

FOR OFFICE USE ONLY

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Date Received: _____

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/Shared Health requirements (if applicable): _____

Comments: _____

