



**FIELD ORIENTATION DAY AWARENESS/DONATION-RAISER
NOMINATION FORM**

Fort Garry & Inner City Social Work Programs

Name of Program/Organization and a brief description of supports and services provided:

In order to assess whether this organization meets the criteria for nomination, please respond to the following:

1. Is the program or organization currently a field placement with the Faculty of Social Work?
2. If not currently offering field placements to social work students, is the organization prepared to offer field placement opportunities to social work students?

Please identify the name of organization's contact person and email/phone number:

3. What items are of particular need to assist in meeting the needs of clients served?
4. Is the nominee a non-government, not for profit organization? If known, please identify primary source of program's funding?

Nominated by _____

E-Mail Address: _____