**FALL/WINTER SESSION 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

[ ]  SWRK 3150: First Field [ ]  SWRK 4120: Final Field

[ ]  SWRK 3150 and SWRK 4120: Concentrated or Accelerated Field

Please review eligibility criteria and check off the field placement course you are requesting:

Pre-requisites to **SWRK 3150:** SWRK 1310, 2080, 2090, 3140; and minimum SGPA of 2.5 or higher

Pre-requisites to **SWRK 4120**: SWRK 3150, 4200, 1310, 2080, 2090, 3140, and minimum SGPA of 2.5 or higher

Co-requisite to **SWRK 3150: SWRK 4200;** Co-requisite to **SWRK 4120: SWRK 4300;**

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 License? 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.

Are you in Option in Aging? [ ]  Yes [ ]  No

Other Student Comments:

Click here to enter text.

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

**Fall/Winter 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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