

**SUPPLEMENTAL INFORMATION**

**MASTER OF SOCIAL WORK PROGRAM  
SCHOOL OF SOCIAL WORK  
LAKEHEAD UNIVERSITY**

**TITLE :** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**MIDDLE NAME:** \_\_\_\_\_

**LAST NAME :** \_\_\_\_\_

**PHONE (INCLUDE AREA CODE):** Home: \_\_\_\_\_

Work: \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROPOSED STUDY TRACK:**

Thesis Track       Project Track

**FIELD OF PRACTICE:**

Family and children's services       Gerontology  
 Health services       Corrections  
 Mental health services       Other (specify)

\_\_\_\_\_

**COLLABORATIVE PROGRAMS:**

Gerontology       Women's Studies

**PROFESSIONAL AND OTHER PAID WORK EXPERIENCE:**

Beginning with your most recent job, give a chronological record of your professional and other paid work experience. The School of Social Work reserves the right to contact your current and previous employers listed below for references if they are not provided as referees.

Name & Address of Employer	Position Held	Dates of Attendance		Name of Immediate Supervisor
		From	To	

**VOLUNTEER EXPERIENCE:**

Give a chronological record of your relevant volunteer experience including any supervision of students you may have done.

Name & Address of Organization	Duties & Responsibilities	Dates of Service

**MEMBERSHIPS:**

List your significant group and organizational memberships and offices held.

Group/Organization	Offices Held

**OTHER INFORMATION:**

Indicate any other information which you believe should be taken into account by the Admissions Committee in making a decision on your application.

## DECLARATION

I understand that the School of Social Work at Lakehead University requires an unpaid field practicum of 450 hours as part of the MSW program. I understand that field placements are selected by the student and faculty advisor on the basis of availability and student educational need. I understand that all personal expenses such as food, lodging and transportation connected with my field practicum are my responsibility and will not be furnished by Lakehead University.

All information in this application, including the personal statement, is confidential and is shared only with those persons directly concerned with the MSW program. I understand that all application materials become the property of Lakehead University.

I hereby certify that all statements in this application are correct.

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Date

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Name of Applicant

**APPLICATION DEADLINE: FEBRUARY 1ST**