

**Lakehead University Orillia  
School of Social Work  
Fourth Year Placement Planning Form**

**Student Name:** \_\_\_\_\_ **Student ID Number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

**Telephone #:** (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

**Third year placement:** \_\_\_\_\_

**Goals for 4<sup>th</sup> Year:** \_\_\_\_\_

**Use of a vehicle?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Preferred Geographic**

**Location/s:** \_\_\_\_\_

**Placement choices:** 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Date of last VSC/Crim Check:** \_\_\_\_\_

**Placement agencies require a criminal records search prior to accepting a student on placement. Please provide a copy of your Criminal Records Search directly to your Field Supervisor and/or Placement Agency. The School of Social Work does not require a copy.**

**Return Planning form to:**

Field Education Coordinator  
Social Work  
Lakehead University Orillia  
Email: orswfield@lakeheadu.ca

*\*Personal information on this form is collected pursuant to section 14 of the Lakehead University Act and will be used to coordinate and evaluate Social Work practicum for students in the HBSW program. The information will be disclosed only to the extent necessary for the effective operation, supervision, and assessment of the placement and, so, may be disclosed to School of Social Work administrative staff, potential agency placement sites, on-site and off-site field supervisors, faculty members who sit on the Field Placement Advisory Board, and the Associate Director and Director of the School of Social Work. Any questions on this collection should be directed to: Field Education Coordinator, School of Social Work, Lakehead University, 500 University Avenue, Orillia, Ontario L2V 0B9.*