LAKEHEAD UNIVERSITY ORILLIA SCHOOL OF SOCIAL WORK PLACEMENT PLANNING FORM

PLEASE PRINT

Please complete this form and return it along with an up-to-date resume to the Field Education Coordinator in order to facilitate planning for your field placement.

Date:		Student's	Name:		
Student ID Number:					
Address:					
Telephone:			Email:		
STATUS IN PROGRAM:			COMMENCE OF PLACEMENT:		
Third Year:	F/T	P/T	September	January	
Fourth Year:	F/T	P/T	Other (specify dates	s):	
One Year:	F/T	P/T			
DRIVER'S LICENCE:	Yes	No	USE OF CAR: Yes	No	
	e City of Tor	onto are extremely I		e guaranteed. If you are interested tside the City of Toronto as alternate	
ONE YEAR STUDENTS	S: Preferred	Geographic Locatior	ns for Placement		

<u>3rd YEAR – PROFESSIONAL YEARS:</u> Geographic Location for Placement within Simcoe County

Other Potential Geographic Locations for Placement Outside of Simcoe County, within Commuting Distance of Orillia:

placements for them. Since placements may be at a premium, we cannot guarantee that placements will be availab the fields of practice or with the client groups which students identify.
1
2
3
*PLEASE IDENTIFY ANY SPECIAL ACCOMMODATIONS YOU REQUIRE TO COMPLETE A PLACEMENT.
PREVIOUS EDUCATION:
BRIEFLY DESCRIBE YOUR WORK/VOLUNTEER EXPERIENCE:
LIST ANY ADDITIONAL TRAINING/WORKSHOPS/CERTIFICATES YOU MAY HAVE:

IF YOU HAVE COMPLETED A PRACTICUM WITH ANOTHER PROGRAM, PLEASE DESCRIBE THE NATURE OF YOUR

EXPERIENCE: (For example: Name of agency, type of work, supervision.)

Students should note that this information will be used, when possible, to guide the identification of potential

PLEASE IDENTIFY PREFERRED CLIENT GROUPS OR FIELDS OF PRACTICE.

WHAT DO YOU HOPE TO LEARN DURING YOUR PLACEMENT EXPERIENCE?
Placement agencies require a criminal records search prior to accepting a student on placement. These can take several weeks/months to obtain and must be acquired from your primary residence community Police Services Agency. Please provide a copy of your Criminal Records Search directly to your Placement Agency. The School of Social Work <u>does not</u> require a copy.
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.