



SCHOOL OF SOCIAL WORK

Field Education Office

PLACEMENT PROPOSAL FORM

FOR STUDENTS WHO WANT TO DO A PLACEMENT AT AN AGENCY WHERE THEY ALREADY HAVE PREVIOUS EXPERIENCE
(THIS SECTION IS TO BE COMPLETED BY THE STUDENT)

| | | | |
|---------------|--|-----------------|--|
| Student Name: | | Student Number: | |
|---------------|--|-----------------|--|

| | |
|--------------|--|
| Agency Name: | |
|--------------|--|

| | |
|---|---|
| Have you completed a previous placement/volunteer opportunity with this agency? | <input type="checkbox"/> Yes (go on to next question) <input type="checkbox"/> No (Skip to 'Rationale for Work Placement' question) |
|---|---|

| | |
|---|--|
| Previous Placement Supervisor Name and Contact Information: | |
|---|--|

In the space below, outline the tasks and responsibilities of your previous placement:

| |
|--|
| |
|--|

In the space below, please provide a **rationale for your work placement** proposal:

| |
|--|
| |
|--|

Please complete the chart below with as much detail as possible.

| | PREVIOUS PLACEMENT/VOLUNTEER | PROPOSED PLACEMENT |
|---|------------------------------|--------------------|
| TITLE/POSITION | | |
| SUPERVISOR NAME AND CONTACT INFORMATION | | |
| # OF DAYS AND HOURS OF WORK | | |
| LENGTH OF TIME IN THE POSITION AND PROPOSED DURATION OF PLACEMENT/VOLUNTEER | | |
| PROPOSED END DATE OF PLACEMENT | | |



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| | PREVIOUS PLACEMENT/VOLUNTEER | PROPOSED PLACEMENT |
|---|------------------------------|--------------------|
| <p>DETAILED DESCRIPTION OF TASK AND RESPONSIBILITIES (PROPOSED PLACEMENT MUST BE DIFFERENT THAN PREVIOUS EXPERIENCE)</p> | | |



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| AGENCY INFORMATION QUESTIONS (THIS SECTION IS TO BE COMPLETED BY THE <u>AGENCY</u>) | |
|---|---|
| Name of Agency/Organization | |
| Agency/Organization Address (Include: city, region, postal code/P.O. Box and phone number) | |
| Placement Site Address (If different) | |
| Contact Information of Student Placement Coordinator | Name: Email: Phone & Extension: Fax: Position: |
| Contact Information of Executive Director (for signing of Affiliation Agreement) | Name: Email: Phone & Extension: Fax: Position: |
| Agency Requirements | <input type="checkbox"/> Valid Driver's License Type: <input type="checkbox"/> G2 Class or <input type="checkbox"/> G Class <input type="checkbox"/> Car Needed <input type="checkbox"/> Criminal Record Check <input type="checkbox"/> Vulnerable Sector Screening <input type="checkbox"/> Self-Identification (Specify:) <input type="checkbox"/> Languages (Specify:) <input type="checkbox"/> Medical Tests (Specify:) <input type="checkbox"/> Training or Orientation Prior to start date (Specify:) <input type="checkbox"/> Any Other Requirements: |
| WSIB | <input type="checkbox"/> Agency is Covered by WSIB <input type="checkbox"/> Agency is WSIB exempt |
| What is your agency's philosophy of service or mission statement and is it compatible with the values and ethics of the Social Work profession | |



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An **Affiliation Agreement** is required to be signed with the School of Social Work and it is generally valid for 3 years. Although a 3 year agreement is created, it does not require the agency to accept students all 3 years.

A signed letter from the agency's Human Resources department supporting this work placement proposal is required.

THIS PORTION IS REGARDING THE PRIMARY FIELD INSTRUCTOR

(THIS IS THE ONLY FIELD INSTRUCTOR THAT WILL HAVE ACCESS TO COMPLETE THE PLACEMENT EVALUATIONS ONLINE)

| | |
|--|--|
| Name of Field Instructor | |
| Contact Information of Field Instructor | Email: Phone & Extension: Fax: Position: |
| Educational Qualifications of the Field Instructor | |
| Years of Social Work (or equivalent) Experience. Explain. | |
| Program/Department | |
| Does the Field Instructor have experience supervising Social Work (or other) students? Please explain. | |
| Please explain what supervision by the Field Instructor would look like. The School requires at least 1 hour of direct supervision per week, with ongoing indirect supervision. | |
| If the Field Instructor does not have a BSW and/or MSW, are there other social workers (with a BSW and/or MSW) that the student can access. Explain. | <input type="checkbox"/> Yes → <input type="checkbox"/> BSW <input type="checkbox"/> MSW (PLEASE IDENTIFY THE PERSON WITH THE BSW/MSW BY COMPLETING THE SECONDARY FIELD INSTRUCTOR SECTION BELOW) <input type="checkbox"/> No Explain: |

NOTE: If the Field Instructor has not supervised York University Social Work students before, it is encouraged that the Field Instructor attends the Field Instructor Training Seminars to be held throughout the year/term.

Please complete page 6 only if there is a second Field Instructor.



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| THIS PORTION IS REGARDING FIELD INSTRUCTOR #2 | |
|---|---|
| Name of Field Instructor | |
| Contact Information of Field Instructor | Email: Phone & Extension: Fax: Position: |
| Educational Qualifications of the Field Instructor | |
| Years of Social Work (or equivalent) Experience. Explain. | |
| Program/Department | |
| Does the Field Instructor have experience supervising Social Work (or other) students? Please explain. | |
| Please explain what supervision by the Field Instructor would look like. The School requires at least 1 hour of direct supervision per week, with ongoing indirect supervision. | |
| NOTE: If the Field Instructor has not supervised York University Social Work students before, it is encouraged that the Field Instructor attends the Field Instructor Training Seminars to be held throughout the year/term. | |