

FIELD PLACEMENT CONFIRMATION

Please return this form after the field placement interview. **Complete sections 1 to 9 in full.** Your placement cannot be finalized until this form is returned to the Field Coordinator.

You cannot begin your field placement until the Work/Education Placement Agreement is signed and returned to the Field Coordinator.

1. Date Submitted : _____ / _____ / _____
Month Day Year
2. Student Name : _____ Student # : _____
Laurentian email address : _____
Course Number : SWRK 3605 ☐ SWRK 4605 ☐
3. Student Telephone Number : _____ / _____
Fall/Winter Summer
4. Agency Name & Address : _____

5. Agency Telephone Number : _____ FAX : _____
6. Field Supervisor : _____
BSW ☐ MSW ☐ Other _____ Social Work Diploma ☐
7. Which Days Will You Be Working in Your Agency : _____
(Anticipated)
8. Anticipated Date of Completion : _____ / _____ / _____
Month Day Year
9. Work/Education Placement Agreement – **signed and attached** : Yes ☐ No ☐

Faculty Consultants will be assigned **after** this form and the Work/Education Placement Agreement are completed and returned to the Field Coordinator.

FACULTY CONSULTANT : _____

TELEPHONE NUMBER : _____