** Bachelor of Social Work  
BSW Practicum Application Form**

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| ***\*Please ensure that you have completed the necessary prerequisites before you submit your Practicum Application Form to the School. See the Undergraduate Calendar for Practicum Course descriptions and prerequisites. Available at:*** [***http://calendar.carleton.ca/undergrad/courses/SOWK/***](http://calendar.carleton.ca/undergrad/courses/SOWK/)  ***\*See the BSW Practicum Manual for application deadlines and important information on Practicum Courses. Available at:*** [***http://carleton.ca/socialwork/practicum-hub/practicum-manuals/***](http://carleton.ca/socialwork/practicum-hub/practicum-manuals/)  ***\*See the BSW Student Handbook for information on BSW policies and procedures and course sequencing. Available at:*** [***http://carleton.ca/socialwork/current-students/***](http://carleton.ca/socialwork/current-students/) |

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| **SELECT THE PRACTICUM COURSE YOU WISH TO APPLY FOR:** | |
| **THIRD YEAR COURSES:** | **FOURTH YEAR COURSES:** |
| **SOWK 3600: Fall/Winter** | **\*SOWK 4600**  \**Full-time option taken over one term; offered in Fall and Spring/summer terms only*  **Check one term:**  **Fall Spring/summer** |
| **\*SOWK 3601: Winter**  **\****New 3rd year entry students only* | **\*SOWK 4601/4602**  ***\*****Part-time option taken over two consecutive terms*  **Check two terms:**  **Fall Winter Spring/summer** |
| **PLACEMENT OPTIONS** | |
| **Matched by School** |  |
| **Place of Employment** |  |
| **Distance Placement** |  |

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| **STUDENT INFORMATION:** | |
| **Name:** |  |
| **Student Number:** |  |
| **Phone Number:** |  |
| **Alt. Phone Number:** |  |
| **Address:** |  |
| **Carleton Email: (cmail)** |  |

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| **Do you have a valid Canadian Driver’s** | **Yes No** |
| **Indicate mode of transportation:** |  |
| **Languages spoken/written:** |  |
| **Special needs (i.e. medical, etc.):** |  |

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| **AREAS OF SOCIAL WORK INTEREST:** | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

**\*RESUME REQUIRED: Please attach a current resume to this application form.**

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| **STUDENT SIGNATURE:** | **DATE:** |
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**Submit to: Practicum Administrator**

**509 Dunton Tower**

[**SSW.Practicum.Admin@cunet.carleton.ca**](mailto:SSW.Practicum.Admin@cunet.carleton.ca)