

Agency Information Form Saint Mary's College Social Work Department

Date: _____

Agency name: _____

Address: _____

Telephone : _____ Fax: _____

Website: _____

Anticipated Field Instructor: _____

Position and qualifications: _____

Brief description of student social work position: _____

Number of above-described positions available: _____

Type of Field Practicum available:

	(Check as appropriate)			
	Required	Preferred	Acceptable	Unacceptable
Fall or Spring semesters, ½ day / week (4 days / week)				
Fall and Spring semesters, 2 days/week (Tues./Thurs. – Sept. through May)				

Car needed for duties	Required ____	Preferred ____	Not required ____
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Whom should the student contact for a pre-placement interview?

Name: _____

Other comments: _____

Please mail completed form to: Saint Mary's College
Social Work Department
Box 100, Spes Unica
Notre Dame, IN 46556