

CANDIDATE SUPERVISOR INFORMATION FORM

In order for the Board of Examiners to approve Candidate Supervisors, the following information is required. This form should be completed by the proposed Candidate Supervisor, and forwarded to the Registrar prior to commencing the candidacy supervision process.

Candidate Supervisor's Name: _____

Employment: _____ Postal Code: _____

Telephone: (H) _____ (W) _____ E-Mail _____

Position Held: _____

Address: _____ Postal Code: _____

Please list Degree(s) or Diploma(s) and University and Graduation Date(s):

1. _____

2. _____

3. _____

Candidate's Name: _____

Briefly describe how your experience relates and might contribute to meeting the candidate's needs and goals.

Are you supervising any other social worker candidates?

Names: _____

Are you the candidate's direct workplace supervisor?

YES _____ NO _____

Signature: _____ Date: _____