

Annual Placement Availability Form

Date:		
Agency Name:		
Address:		
City:	State:	Zip:
Contact Person:	Title:	
Credentials:		
Telephone #:	Fax #:	
Direct or Other Telephone #:		
E-Mail:	Agency Website:	

Please indicate the total number of BCSSW Interns requested:	
Clinical:	
Macro:	
Summer Block Placement	January Start:

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Brief description of the student role and activities.

Schedule:

Agency Services: Please choose the practice area(s) which best describes the focus of your Agency. If more than one category applies, please rate them on a scale of 1 - 5.