

### 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: \_\_\_\_\_