

SOCIAL WORK VOLUNTEER / WORK REFERENCE FORM



Office of the Registrar
 Room 1-205, 10215 – 108 Street NW
 Edmonton, Alberta, Canada T5J 1L6
 admissions@norquest.ca | www.norquest.ca

INSTRUCTIONS

NorQuest Social Work applicants – complete Part I of this form, then provide it to your work or volunteer supervisor.

Work or Volunteer Supervisor – complete Part II of the form, including the information on page 2. Then print and sign the form, and submit it directly and confidentially to NorQuest College by either:

- Scanning and emailing as a PDF directly from your work email address to admissions@norquest.ca, or
- Mailing directly to our office at the address above.

OFFICE USE ONLY	
TODAY'S DATE	ENTERED BY

PART I: TO BE COMPLETED BY NORQUEST APPLICANT

LAST NAME (LEGAL)	FIRST NAME (LEGAL)	STUDENT ID #
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PART II: TO BE COMPLETED BY WORK OR VOLUNTEER SUPERVISOR

YOUR NAME	YOUR POSITION / JOB TITLE
YOUR PHONE NUMBER	YOUR EMAIL ADDRESS
IN WHAT CAPACITY DO YOU KNOW THE APPLICANT? <input type="radio"/> DIRECT SUPERVISOR <input type="radio"/> VOLUNTEER COORDINATOR <input type="radio"/> OTHER (DESCRIBE)	NAME OF YOUR WORK / VOLUNTEER ORGANIZATION
WHICH OF THESE CATEGORIES DESCRIBES YOUR WORK ORGANIZATION? <input type="radio"/> FALLS UNDER THE HEALTH PROFESSIONS ACT (ALBERTA) <input type="radio"/> REGISTERED / ACCREDITED HUMAN SERVICES AGENCY <input type="radio"/> SOCIAL SERVICES AGENCY <input type="radio"/> OTHER (DESCRIBE)	WHEN DID THE APPLICANT VOLUNTEER OR WORK FOR YOUR ORGANIZATION? START DATE: _____ END DATE: _____ MONTH/YEAR MONTH/YEAR

HOW MANY HOURS DID THE APPLICANT WORK OR VOLUNTEER FOR YOUR ORGANIZATION WITHIN THE LAST FIVE YEARS?

CONTINUE TO PAGE 2 TO COMPLETE THIS FORM

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PART II: TO BE COMPLETED BY WORK OR VOLUNTEER SUPERVISOR (continued)

Describe the nature of the duties the applicant is/was responsible for in your organization, including the client population they served. Work or volunteer hours must have included direct contact with clients or work on community- or human services-related projects. If you require more space, attach a separate page. For a description of the requirements, see www.norquest.ca/sw and choose Program Requirements.

Freedom of Information & Protection of Privacy (FOIP) Notification Statement

The personal information requested on this form is collected under the authority of section 65 of the *Post-secondary Learning Act* and section 33(c) of Alberta's *Freedom of Information and Privacy Act* and will be used to determine eligibility for admission to the Social Work diploma program. For information about the collection and use of this information, contact the Policies and Regulatory Compliance Office at 10215 108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780.644.6000.

DECLARATION

I acknowledge the FOIP statement above and verify that all information contained on this form is true and complete, that no relevant information has been withheld, and recognize that any misrepresentations may result in the applicant being denied admission to NorQuest College. I authorize NorQuest College to contact me if further clarification regarding the information provided is required for admission to the Social Work program.

WORK / VOLUNTEER SUPERVISOR SIGNATURE	PRINT NAME	DATE
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