

Name of Applicant: _

(Surname)

MSW for Working Professionals PROFESSIONAL EXPERIENCE FORM 2024-2025

(Given name)

Number of pages included: _

Start Date: End Date:			Length of term:	Type of Experience:		Type of Experience	
onth	Year	Month	Year	Years:	☐ Full time (35-40 hrs/wk) ☐ Regular Part time hrs/wk		☐ Paid☐ Volunteer
ob Title:				Agency Name: Contact Info: Permission to contact yes: no:	Agency Name: Contact Info: Permission to contact for verification purposes only:		
	iption (Do	escribe in w	hat capa	L '	vulnerable populations, include	roles and	TOTAL HOURS



School	of Social Wor	k					
Start Date: End Date:		Length of term:	Type of Experience:		Type of Experience		
Month	Year	Month	Year	Years:	☐ Full time (35-40 hrs/wk) ☐ Regular Part time hrs/wk ☐ Intermittent ——hrs per		☐ Paid
Job Title:				Agency Name: Contact Info: Permission to contact yes: no:	□ Volunteer ty, province):		
Job Descr responsib		escribe in w	nat capac		vulnerable populations, include ro	oles and	TOTAL HOURS



Start Date	<u>:</u>	End Date:		Length of term:	Type of Experience:		Type of Experience
Month	Year	Month	Year	Years:	☐ Full time (35-40 hrs/wk)		☐ Paid
					☐Regular Part time hrs/wk		
				Months:	☐Intermittent ———hrs per		☐ Volunteer
Job Title: Agency Name:					Location (ci	ty, province):	
				Contact Info:			
				Permission to contact yes: \square no: \square	t for verification purposes only:		
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ob Title:				Agency Name:		Location (ci	ty, province):
				Contact Info:			
				Permission to contact yes: \square	t for verification purposes only:		
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					☐ Regular Part time hrs/wk		
				Months:	☐ Intermittent ———hrs per	yr:	☐ Volunteer
Job Title:				Agency Name:			ty, province):
				Contact Info:			
				Permission to contact			
yes: □ no: □ Job Description (Describe in what capacity you worked with vulnerable populations, include roles and							TOTAL HOURS
responsibilities):							TOTALTIOONS
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Total Number of Hours:	
*A minimum total of 2500 hours of professional eadmission.	experience is strongly recommended, in order to be competitive for
Publications/Thesis/Presentations: (Please I completed or conference presentation.	ist in APA format any publications where you are an author and/or thesis
Trainings/Workshops: (Please list any related appear on a transcript)	d trainings or workshops you have completed that does not
Professional Associations: Please list any rela	ated professional organizations in which you are a member