



SUPERVISOR DECLARATION – SOCIAL WORK

Faculty of Arts and Education, Workplace Learning School of Humanities and Social Sciences

To be completed by qualified Social Worker supervising student placement.

You are not required to complete this form if you are not social work qualified and an offsite supervisor has been appointed to support the placement.

(Office use: PEA to use this form when sourcing the placement opportunity)

1. Personal Details

First Name:

Family Name:

Contact Number:

Email:

Position:

Organisation Name:

Address:

City/Town:

State:

Postcode:

Postal Address:

(if different from above)

Are you a member of AASW?

If Yes, Member Number:

Has it been two years or more since graduation?

To assist us in providing future training can you please advise if you have had any previous training in social work student professional supervision?



2. Professional Qualifications

Qualifications - Please attach a copy of your testamur (applicable to Social Work qualifications only).

Summary of Employment History

Experience in teaching and field education supervision

Professional Development and areas of special interest (optional)



3. Declaration

I (the above named person) acknowledge that the information that I have provided on this form is true and correct.

I also acknowledge any attachments sent with this form via email are true and correct.

I understand that the University will only use this information for its own use and will not provide this information to any third party.

By inserting your name below you accept the terms and conditions as set out by Charles Sturt University.

Name:

Date:

Please email this form to HumanServices-WPL@csu.edu.au