

ADDITIONAL APPLICATION FORM

Advanced MSW

It is important that you ensure that all required documentation is included in your application package. Only complete packages will be considered for review. Please refer to checklist below.

CHECKLIST: All items MUST be received by December 1

UFV application: Online application must be completed first. UFV Application for MSW Graduate Studies http://www.ufv.ca/admissions/admissions/apply/

Transcripts: Arranged for ALL official post-secondary to be sent from the issuing institution(s) directly to UFV

Reference forms emailed to Referees: Three professional letters of reference required (at least one academic and one professional) on the official MSW Reference Form directing referee to email confidential reference form directly to admissions@ufv.ca

Email to UFV Admissions office admissions@ufv.ca the following:

Resume: detailed personal resume, organized chronologically, starting with most recent experience **Please Include:**

- -position titles,
- -name of immediate supervisor,
- -start and finish dates, and whether each experience was full-time or part-time
- -research experience
- -publication lists
- -related interests, skills, etc.

This Form completed:

- Part 1 Personal Information
- Part 2 Work Hours Summary clearly listing and totaling the number of hours worked in each relevant human/social service related position (paid and volunteer)
- Part 3 Personal Statement (4 questions)
- Part 4 Supplemental Application Form (Optional)
- Part 5 Criminal Record Check information

Submission instructions:

All application information must be electronically submitted to UFV Admissions: admissions@ufv.ca



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PART 1 — PERSONAL INFORMATION				
Last Name (family name)	First Name	UFV Student Number (if known)		
Email Address(es)		<u>'</u>		
Phone Number (with area code)	Alternate	Alternate Phone Number (with area code)		
Please provide us with the following infor	mation:			
Degree(s):				
Institution(s):				
Graduation Date(s):				

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PART 2 — RELATED WORK AND/OR VOLUNTEER EXPERIENCE (In addition to resume)

Please start with your most recent experience, and be as comprehensive as possible. Include dates — month and year — and the total number of hours you are declaring for each work/volunteer experience.

Name of Agency/Organization			Job Title			
Address			Name of Supervisor May we contact your supervisor? Yes No			
Provide a brief summary of key duties/responsibilities			Phone Number		<u> </u>	
		L		·		
Dates of Employment/Volunteer FROM:			то:			
Type of Work (check all that apply):						
Full-time Total Hours:	Part-time Total Hours:		ours:	□ Volunteer	Total Hours:	
Name of Agency/Organization			Job Title			
Address			Name of Supervisor May we contact your supervisor? Yes No			
Provide a brief summary of key duties/res	ponsibilities	Ī	Phone Number of Supervisor			
Dates of Employment/Volunteer FROM:			то:			
Type of Work (check all that apply): Full-time Total Hours:	☐ Part-time	Total Ho	ours:	□ Volunteer	Total Hours:	
Name of Agency/Organization			Job Title			
Address			Name of Supervisor May we contact your supervisor? Yes No			
Provide a brief summary of key duties/responsibilities			Phone Number of Supervisor			
Dates of Employment/Volunteer FROM:			то:			
Type of Work (check all that apply): Full-time Total Hours:	Part-time	Total Ho	ours:	□ Volunteer	Total Hours:	



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Name of Agency/Organization	Job Title			
Address	Name of Supervisor May we contact your supervisor? Yes No			
Provide a brief summary of key duties/res	sponsibilities	Phone Number	of Supervisor	
Dates of Employment/Volunteer FROM:		то:		
Type of work (check all that apply):				
Full-time Total Hours:	Part-time Total Hours:		Volunteer	Total Hours:
Name of Agency/Organization	Job Title			
Address	Name of Supervisor May we contact your supervisor? Yes No			
Provide a brief summary of key duties/res	sponsibilities	Phone Number of Supervisor		
Dates of Employment/Volunteer FROM:		TO:		
_		10.	ſ	
Type of Work (check all that apply): ☐Full-time Total Hours:	☐ Part-time Total Hours:		☐ Volunteer	Total Hours:
Name of Agency/Organization		Job Title		
Address	Name of Supervisor May we contact your supervisor? Yes No			
Provide a brief summary of key duties/res	Phone Number of Supervisor			
Dates of Employment/Volunteer FROM:		то:		
Type of Work (check all that apply): Full-time Total Hours:	Part-time Total I	Hours:	☐ Volunteer	Total Hours:

Total Hours of ALL Related Work and/or Volunteer Experience:



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Part 3 - Personal Statement

Please answer each question with a 400-500 word response, and complete the declaration confirming that you are the author of this personal statement.

1. How have your academic and professional experiences prepared you for social work graduate studies at this time? (400-500 words)

2. How do you envision and understand decolonization of social work practice? How have you incorporated this in your own practice? (400-500 words)



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Part 3 - Personal Statement

Please answer each question with a 400-500 word response, and complete the declaration confirming that you are the author of this personal statement.

3.	In what ways have you work	ked through the challe	iges of applying the Soc	ial Work Code of Eth	nics and Standards of
Pra	ctice in your professional pra	actice? (400-500 word)		

4. How do research and supervision/consultation support your social work practice? Give an example of a gap in your own practice that you identified and addressed by incorporating research and supervision/consultation. (400-500 words)

, confirm that the above responses were prepared, and written, solely by me.



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Part 4 - Supplemental Application Form - OPTIONAL

PLEASE COMPLETE THIS SECTION IF YOU IDENTIFY AS AN EDUCATIONAL EQUITY APPLICANT.

In keeping with the School of Social Work and Human Services' Mission Statement, the Master of Social Work program values principles of equity and diversity, and is committed to increasing the number of social work graduates from diverse populations. This self-identification form asks applicants to indicate whether they identify as an equity candidate who faces systemic barriers to higher education.

If you would like your application to be considered for educational equity, please indicate under which Educational Equity criteria you wish to be considered (e.g., Indigeneity, racialization, immigrant status, disability, youth in care, sexual and /or gender diversity, low income, lone parent status, etc.).

I wish to be considered for Educational Equity based on:

Protection of Privacy

The University of the Fraser Valley complies with the provisions of the Freedom of Information and Protection of Privacy Act. The personal information requested on this form is collected under the authority of the University Act, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). The information will only be used for the purpose of evaluating applications for the Master of Social Work Program at UFV. Direct any questions about this collection to the School of Social Work and Human Services at UFV at schoolofswhs@ufv.ca, (604) 504-7441 local 4279, or see www.ufv.ca/



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Part 5 - Criminal Record Check Declaration

A criminal record check clearance letter issued through the Ministry of Public Safety & Solicitor General is required prior to registering for field placement and registration with the BCCSW.

Are you	willing to	undergo	a criminal	record (check?
Yes					

No

Submission instructions:

All additional application information must be electronically submitted to UFV Admissions: admissions@ufv.ca