

Field Learning & Community Partnerships
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**EMPLOYMENT BASED FIELD LEARNING
 PROSPECTIVE AGENCY DATA**

- Current field site for NYU
- New agency to NYU SSW

Name of Agency: _____

Address: _____
Number & Street City State Zip Code

Agency Phone Number: _____ Agency Fax: _____

Agency Director: _____
Name Title Phone Email

Social Work Liaison with NYU: _____
Name Title Phone Email

Agency Function, Program Objectives, Populations Served: _____

Number of Social Work Staff: _____
 Number of MSW-Level Instructors: _____ Of these, number of SIFI-Certified Field Instructors: _____

Social Worker Role at Agency: _____

Affiliations with Schools of Social Work other than NYU (include dates): _____

Would your agency be interested in providing field placements for additional NYU social work students in the future? No
 Yes: Who can we contact to discuss possible opportunities?

Name Phone Email

Completed by: _____ Date: _____

New agencies: Please submit available descriptive material, such as brochures, articles or annual reports.