

**SOCIAL SERVICE WORKER PROGRAM (S.S.W.)**

**REFERENCE FORM**

**SECTION ONE:**

(To be Completed by Applicant)

**Applicant Name:** *(Please Print Clearly)* \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Phone Number:** (\_\_\_\_) - \_\_\_\_\_

**Program Applied to:**

- G S.S.W. Full-time (Woodroffe Campus) 0432X01FWO
- G S.S.W. Part-time (Woodroffe Campus) 0432P01PWO

**SECTION TWO:**

(To be Completed by Agency Supervisor)

**Supervisor Name:**

**Job Title:** \_\_\_\_\_  
\_\_\_\_\_

**Agency:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_



**Please rate the applicant on the following:  
1 is lowest, 5 is highest, CA stands for Cannot Assess**

1	Awareness of Social Issues such as Poverty, Domestic Violence, etc...	1	2	3	4	5	CA
2	Organizational Skills .....	1	2	3	4	5	CA
3	Listening Skills .....	1	2	3	4	5	CA
4	Problem-Solving Abilities .....	1	2	3	4	5	CA
5	Maturity .....	1	2	3	4	5	CA
6	Self-Confidence .....	1	2	3	4	5	CA
7	Self-Care.....	1	2	3	4	5	CA
8	Empathy.....	1	2	3	4	5	CA
9	Ability to Work Independently .....	1	2	3	4	5	CA
10	Team Work Skills.....	1	2	3	4	5	CA
11	Communication Skills .....	1	2	3	4	5	CA
12	Reliability .....	1	2	3	4	5	CA

**Additional Information or Comments:**

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**Supervisor's Signature:** \_\_\_\_\_

**Name:** *(Please Print)* \_\_\_\_\_

**Date:** \_\_\_\_\_

Please note that in order to process an application, we must receive this completed form. Returning the form to us as soon as possible will have a direct bearing on the applicant's admission process.

**THIS REFERENCE FORM MUST BE MAILED OR FAXED DIRECTLY BY THE AGENCY TO:**

Algonquin College  
School of Health and Community Studies, Room C230  
1385 Woodroffe Avenue  
Ottawa, ON K2G 1V8

Telephone: 613-727-4723 ext. 7776  
Fax: 613-727-7759

Thank you for your cooperation.