APPLICATION FOR FIELD PRACTICUM II: Advanced Standing

1. Name: ________________________________________________
   Mailing Address: _________________________________________
   (Street) (Apt. #)
   (City) (State) (Zip Code)
   Telephone Number: Home: ___________________ Work: ________________
   Cell: ___________________ Pager: ___________________
   E-mail Address (print carefully): ____________________________

2. Course applying for: _______________________
3. Semester applying for: ____________________
   Fall  ___________ (Year)
   Spring  ___________
   Summer  ___________

4. Status: _______ Full-time ________ Flex Option

5. Semester and Year you first entered GCSW: ____________________________

6. At this point what concentration do you anticipate selecting. Check one.
   a. Clinical Practice  _______
   b. MACRO Practice  _______

7. At this point, please indicate if you plan to enroll in a specialization program.
   a. Gerontology  ______
   b. Political Social Work  ______
   c. Trabajo Social  ______
   d. Health Disparities  ______
   e. None of the above  ______

8. Which of these apply to the student learning opportunities in your agency? (please check all that apply)
   □ GLBT Community  □ Policy  □ Immigration
   □ HIV/AIDS  □ Administration  □ Spanish-speaking populations
   □ Children  □ Schools (K-12/College)  □ Advocacy
   □ Adolescents  □ Health Care  □ Pregnancy
   □ Women  □ Mental Health  □ Child Welfare
   □ Aging  □ Communities  □ Adoption/Foster Care
   □ Families  □ Grant Writing  □ Domestic Violence
   □ Homeless/Housing  □ Poverty  □ Sexual/Physical Abuse
   □ Substance  □ Ethnic Diverse Population  □ Grief and Loss
   □ Corrections/Juvenile Justice  □ Developmental Disabilities  □ Other ___________________________

9. List any special conditions or limitations to be considered in arranging your field placement: These may include transportation, child care, and ability issues.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Revised: 1/11
10. What geographical part of town do you live in? (please check one that apply)

- [ ] East Houston
- [ ] Northwest Houston
- [ ] Woodlands/Conroe
- [ ] Southeast Houston
- [ ] Medical Center
- [ ] Katy
- [ ] Northeast Houston
- [ ] Downtown
- [ ] Galveston
- [ ] Inside the Loop
- [ ] Clear Lake/Pasadena
- [ ] Austin
- [ ] West Houston
- [ ] Sugar Land/Richmond
- [ ] Beaumont
- [ ] Southwest Houston
- [ ] Kingwood/Humble
- [ ] Other, please specify

11. Many of our affiliated agencies have begun to require criminal background checks and drug screenings of all potential employees and student interns. If you have any concern about these procedures, please see the Director or Associate Director of Field Education. I have read this item ______ Yes ______ No

COMPLETE ATTACHED "BRIEF BIOGRAPHICAL STATEMENT" FORM. YOUR APPLICATION WILL NOT BE PROCESSED IF THIS FORM IS NOT ATTACHED AND COMPLETE. (DO NOT ATTACH A RESUME)

Student Signature ___________________________ Date ___________________________

Director of Field Education Signature ___________________________ Date ___________________________

FOR FIELD OFFICE USE ONLY

AGENCY ___________________________ FIELD INSTRUCTOR ___________________________ DATE REFERRED ___________________________
BRIEF BIOGRAPHICAL STATEMENT

PLEASE PRINT LEGIBLY. Complete this form as carefully as possible. ATTENTION: A copy of this form will be mailed to potential field instructors with affiliated agencies.

1. Name: ________________________________

2. Do you speak a language other than English? _____ No _____ Yes _____ Language____________________
   If yes, rate your ability to speak and understand on a scale of 1 to 5, with 5 being fluent _____.

3. Educational background:
   a. Undergraduate
      College ________________________________
      Major(s) ________________________________
      Degree ________________________________ Date Received ________________________________
   b. Graduate
      College ________________________________
      Major(s) ________________________________
      Degree ________________________________ Date Received ________________________________

4. Work experience:
   a. Years of work experience since undergraduate degree: __________
   b. List places of employment and job responsibilities below. (List most recent job first.)

<table>
<thead>
<tr>
<th>Place of Employment</th>
<th>Dates</th>
<th>Job Responsibilities</th>
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</table>

5. a. Volunteer work: Describe any volunteer experiences you may have had. (List most recent first.)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Dates</th>
<th>Job Responsibilities</th>
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<tbody>
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5. b. Relevant life experience (extensive or foreign travel, parenting, non-degree oriented course work, etc.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
6. Previous Internship: List below any previous social work field placements you may have had, most recent first.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Do you plan to be employed during field? ______ No ______ Yes _______ Hours employed per week

8. What skills do you hope to develop in your field placement?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. What do you see yourself doing immediately after graduation?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. What do you see yourself doing 3 to 5 years after graduation?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11. What is your ultimate career goal?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. Any other information about yourself or comments you would like to convey to a potential field instructor.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
ADVANCED STANDING STUDENTS ONLY

A. Please describe your undergraduate field placements below. Be specific. Do not leave any questions unanswered.

1. Agency: __________________________________________________________

   Program Name: ______________________________________________________

   Field Instructor: _____________________________________________________

   Dates of Placement: __________________________________________________

   Number of Semesters: ________________________________________________

   Number of Hours Per Semester: _______________________________________

   Total Number of Hours: ______________________________________________

   Describe your duties:

   Did you have responsibility for your own clients? ___________ Y _________ N
   If so, approximately how many? ______________

2. Agency: __________________________________________________________

   Program Name: ______________________________________________________

   Field Instructor: _____________________________________________________

   Dates of Placement: __________________________________________________

   Number of Semesters: ________________________________________________

   Number of Hours Per Semesters: _______________________________________

   Total Number of Hours: ______________________________________________

   Describe your duties:

   Did you have responsibility for your own clients? ___________ Y _________ N
   If so, approximately how many? ______________
CRITICAL FIELD EDUCATION POLICIES

1. I understand that I must attend the required Field Orientation prior to beginning the first field practicum course I take at the GCSW. I have received and read the information regarding the date and time of the next scheduled Field Orientation.

   ____________________________________________  ____________________________________________
   Student Signature                                Date

2. I understand that a student will be terminated from the program if he/she is unable to secure a field placement after three (3) interviews each of which results in a documented violation of student standards.

   ____________________________________________  ____________________________________________
   Student Signature                                Date

3. I understand that field practicum hours must be completed during normal business time, Monday through Friday, 8:00 a.m. – 5:00 p.m.

   ____________________________________________  ____________________________________________
   Student Signature                                Date

4. I understand that students are required to purchase professional liability insurance prior to enrolling in field practicum courses. I have completed an insurance eligibility form and authorization for the cost of the insurance to be included on my University fee bill.

   ____________________________________________  ____________________________________________
   Student Signature                                Date

5. I understand that if I am absent from field without notifying my field instructor more than one time, my field placement will be terminated and a grade of Unsatisfactory will be assigned.

   ____________________________________________  ____________________________________________
   Student Signature                                Date