

University of Houston  
Graduate College of Social Work  
Office of Field Education

**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:  
\_\_\_\_\_ Field Practicum II

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. Have you any preferences as to the kind of people, ages, problems or settings (not specific agencies) with which you would like to work? Why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you any preference as to the kind of people, ages, problems or settings with which would NOT like to work? Why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Four horizontal lines for writing special conditions or limitations.

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 \_\_\_\_\_

Advisor 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. What geographical part of town do you live in? Please be specific. \_\_\_\_\_
3. 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 \_\_\_\_\_.
4. Educational background:
  - a. Undergraduate  
College \_\_\_\_\_  
Major(s) \_\_\_\_\_  
Degree \_\_\_\_\_ Date Received \_\_\_\_\_
  - b. Graduate  
College \_\_\_\_\_  
Major(s) \_\_\_\_\_  
Degree \_\_\_\_\_ Date Received \_\_\_\_\_
5. Work experience:
  - a. Years of work experience since undergraduate degree: \_\_\_\_\_
  - b. List places of employment and job responsibilities below. (List most recent job first.)

Place of Employment	Dates	Job Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Agency	Dates	Job Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. b. Relevant life experience (extensive or foreign travel, parenting, non-degree oriented course work, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Brief Biographical Statement**  
**Page 2**

7. BSW Field Placement:

Agency: \_\_\_\_\_  
Program Name: \_\_\_\_\_  
Field Instructor: \_\_\_\_\_  
Dates of Placement: \_\_\_\_\_  
Number of Hours in Field: \_\_\_\_\_

8. Do you plan to be employed during field? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Hours employed per week

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What is your ultimate career goal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. 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