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 track do you anticipate selecting. Check one.

   a. Clinical Practice _____
   b. Leadership, Administration, Advocacy _____

7. At this point, please indicate if you plan to enroll in a certificate program.

   a. Gerontology _____
   b. Political Social Work _____
   c. Trabajo Social _____
   d. 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 <u>like</u> 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.

____
____
____
____
____

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

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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.)

_____
_____
_____
_____

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