

FOUNDATION YEAR APPLICATION FOR FIELD PRACTICUM

1. Name:

Mailing Address:

(Street)

(Apt. #)

(City)

(State)

(Zip Code)

Telephone Number: Home:

Work:

Cell:

Pager:

E-mail Address:

2. Course applying for:

3. Semester applying for:

4. Status:

5. Semester and Year you first entered GSSW:

6. **Field Eligibility:** Write the semester and year next to each course which you have completed or are currently taking.

Sem.

Year

Course

6311 Social Work Practice

6321 Social Work Values and Ethics

6322 Confronting Oppression

6361 Research Methods

6114 Field Practicum Seminar

6323 Gender, Culture and Human Dev.

6351 Social Welfare Policy Analysis

6313 SW Methods: Micro Systems

6314 SW Methods: Community Practice

7. 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?

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

9. List any special conditions or limitations to be considered in arranging your field placement:

10. 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.

COMPLETE ATTACHED "BRIEF BIOGRAPHICAL STATEMENT" FORM. YOUR APPLICATION WILL NOT BE PROCESSED IF THIS FORM IS NOT ATTACHED AND COMPLETE.

ATTACH A COPY OF YOUR CURRENT DEGREE PLAN TO THIS FIELD APPLICATION.

Student Signature

Date

I have reviewed the student's degree plan and do verify that the student has had all course prerequisites including the practice course which corresponds to the field course for which he or she is applying.
(Application will not be processed without advisor's signature.)

Advisor Signature

Date

Date of Meeting with Student

Director of Field Education Signature

Date

FOR FIELD OFFICE USE ONLY

AGENCY

FIELD INSTRUCTOR

DATE REFERRED

BRIEF BIOGRAPHICAL STATEMENT

Complete this form as carefully as possible. ATTENTION: **A copy of this form may be mailed to potential field instructors with affiliated agencies.**

1. Name:

2. What geographical part of town do you live in?

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

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

Brief Biographical Statement

Page 2

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

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

Indicate what hours between 8:00 a.m. and 5:00 p.m. Monday through Friday you will be available for field placement. You should show 16 hours per week of time available.

Monday	Tuesday	Wednesday
Thursday	Friday	

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.

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 GSSW. I have received and read the information regarding the date and time of the next scheduled Field Orientation. I understand the potential consequences should I be unable to attend the required 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

- * **Please refer to the Field Practicum Manual for additional field education policies and procedures.**