

SECOND YEAR APPLICATION FOR FIELD PRACTICUM

1. Name: _____

Mailing Address: _____
(Street) (Apt. #)

(City) (State) (Zip Code)

Telephone Number: Home: _____ Work: _____

Cell: _____ Pager: _____

E-mail Address (**print carefully**): _____

2. Track Choice:
____ Clinical Practice
____ MACRO Practice

3. Status:
____ Full-time
____ Flex Option

4. Course applying for:
____ FP III in Clinical Practice
____ FP III in MACRO Practice

5. Semester applying for:
_____ Fall _____ (Year) _____ Spring _____ (Year) _____ Summer _____ (Year)

6. Semester and Year you first entered GSSW: _____

7. What certificate are you pursuing?
____ None
____ Gerontology
____ Political Social Work
____ Trabajo Social
____ Health Disparities

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

<u>Sem.</u>	<u>Year</u>	<u>Course</u>
_____	_____	Field Practicum I
_____	_____	Field Practicum II
_____	_____	Trans-theoretical Social Work Practice
_____	_____	Clinical Applications of the DSM in Social Work
_____	_____	Contextualized Strengths Based Practice in Social Work
_____	_____	Dynamics of Leadership in Social Work
_____	_____	Administrative Practice in Social Work
_____	_____	Strategies of Advocacy and Community Development

9. 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?

10. First Year Field Placement:

Agency: _____
Program Name: _____
Field Instructor: _____
Dates of Placement: _____

11. Did you attend the Field Agency Marketplace in April? ____ Yes ____ No.
If yes, answer questions 12 and 13. If no, answer only question 14.

12. List agencies with which you have scheduled interviews at the Marketplace.

AGENCY

PROGRAM NAME

- A. _____
B. _____
C. _____
D. _____
E. _____

13. List the agencies not at the Marketplace and with whom you wish to interview.

AGENCY

PROGRAM NAME

- A. _____
B. _____
C. _____
D. _____
E. _____

14. I did not attend the Field Agency Marketplace. Below are agencies in which I am interested.

- A. _____
B. _____
C. _____
D. _____
E. _____

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

16. 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.

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 the course prerequisites for 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

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

BRIEF BIOGRAPHICAL STATEMENT

PLEASE PRINT LEGIBLY. Complete this form as carefully as possible. ATTENTION: **A copy of this form may be mailed to potential field instructors with affiliated agencies. Resumes will not be mailed to field instructors. So please answer all questions.**

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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

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

13. What is your ultimate career goal?

14. 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 GCSW. I have received and read the information regarding the date and time of the next scheduled Field Orientation.

_____ Student Signature	_____ Date
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2. I understand that I am not to contact community agencies directly. I will be referred to agencies only by the Office of Field Education or by arranging an appointment during the Field Agency Marketplace.

_____ Student Signature	_____ Date
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3. 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
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4. 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
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5. 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
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6. 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
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