

**General Information**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Crimson E-mail: \_\_\_\_\_

Proposed Work-Site is:  Foundation (MSW 1<sup>st</sup> year)  Concentration (MSW 2<sup>nd</sup> year or advanced standing)

BSW Placement or 1<sup>st</sup> Year MSW Placement \_\_\_\_\_

Have you requested a previous work-site with the field office?  Yes  No

**Agency Information**

Employing Agency: \_\_\_\_\_

Program Unit (Where you work): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Executive Director / Administrator: \_\_\_\_\_

Phone: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Title of your Current Position: \_\_\_\_\_

How many years have you held your current position: \_\_\_\_\_

How many years have you worked with the agency: \_\_\_\_\_

Please list any other job titles / positions you have held within this agency:

Are you employed at Current Agency:  Full Time  Part Time \_\_\_\_\_ Hours per Week

**Liability:**

Does your employer provide Liability / Malpractice Insurance:  Yes  No

If yes, please attach proof of liability

Describe your current job duties: (Attach additional sheets if necessary.)

How will your current job responsibilities be covered while you are in the student role?

Describe your proposed opportunities (What you plan on doing for practicum that is different from your current job duties. You may want to refer to the Field Handbook for the learning objectives.)

Please briefly describe the organizational supervisory structure of your agency or attach a copy of the agency's organizational chart.

### **Practicum Plan**

Students are expected to complete 32 hours of field hours per week. One hour of the 32 hours a week is designated for field supervision with the assigned MSW field instructor. Work-Site students must be released from regular job responsibilities. Work-Site placements that require a student to work 40 hours a week and work additional hours for practicum will not be approved.

**Proposed MSW Field Instructor:** \_\_\_\_\_

Title: \_\_\_\_\_

(Must have an MSW from an accredited school and have at least 2 years post MSW experience.)

Phone: \_\_\_\_\_

Is the proposed Field Instructor your current direct supervisor? Yes  No

Has the proposed Field Instructor been your direct supervisor in the past? Yes  No

**Please specify the proposed days and times you will assume the role of "student":**

M  T  W  Th  F  Sa  S  Times: \_\_\_\_\_

M  T  W  Th  F  Sa  S  Times: \_\_\_\_\_

M  T  W  Th  F  Sa  S  Times: \_\_\_\_\_

**Please specify the proposed day and hour you will be supervised by your Field Instructor:**

M  T  W  Th  F  Sa  S  Time: \_\_\_\_\_

**Student Agreement:**

I have reviewed and understand the requirements for Work-Site placements. I have discussed Work-Site Practicum criteria with my Director, Supervisor, and Proposed MSW Field Instructor.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Administration Agreement:**

The above student is applying for a Work-Site practicum placement. The student has been provided with information regarding the requirements of a work-site practicum, which you may wish to review. Your signature on this application indicates that you are aware of your employee's application for a Work-Site placement, that you are aware of the Work-Site requirements, and that you are willing to work with the Field Coordinator toward developing the appropriate field assignments and field supervision for the employee.

Executive Director / Administration: \_\_\_\_\_ Date: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed MSW Field Instructor: \_\_\_\_\_ Date: \_\_\_\_\_