

General Information

Full name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Crimson E-mail: _____

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

BSW Placement or 1st 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: _____