

MSW PROGRAM
Field Practicum Application

Date: _____

Please Print or Type:

1. _____
Last First Middle

2. _____
Address during Academic Year City State Zip
(Or current address if fall address is unknown)

3. _____
Home/School Phone Work Phone Pager/Cell Phone
 Please indicate which number above is the best way to reach you.

4. _____
Email address (please include **only** if you check your email more than 2 times per week)

5. Please check each item accordingly

<u>YES</u>	<u>NO</u>	
___	___	Do you have a current and valid driver's license?
___	___	Will you have a car for transportation?
___	___	Do you have liability coverage for your vehicle?
___	___	Do you fluently speak another language? If yes, specify: _____

6. Undergraduate Degree _____ School: _____

7. Please check your fall status in the MSW Program:
1st year Full-time 2nd year Part-time Advanced Standing

8. Previous Field Practicum/Internships (if any):

Agency/Organization Name	Type of Internship	Dates
_____	_____	_____
_____	_____	_____

9. Previous or current volunteer experience relevant to social work:

Agency/Organization Name	Type of volunteer	Dates
_____	_____	_____
_____	_____	_____

Please attach a hard-copy and also submit an electronic resume that includes descriptions of volunteer, school extra-curricular activities and your employment history.

Please type into this form or attach no more than 2 pages with your responses to the following questions. Your responses are very important to the field placement matching process.

1. Describe any factors that need to be considered in making your field practicum assignment such as special personal circumstances, transportation, disability, geographic location, work commitments, family responsibilities, etc.
2. Briefly describe both your immediate and long-term **areas of professional interest and career goals**.
3. Indicate the type of field placement **settings and/or special populations that you would prefer**. If there are specific agencies/organizations that you would like to be considered for you, please identify and provide name of the agency and any additional information that you have. Please **do not** contact agencies about internships until and unless you have discussed this with the Director of Field Practicum.
4. Indicate the type of field placement setting you would **prefer not to be considered for** and include your reasons.
5. Identify three **strengths** and three **skills** that you will bring to field placement.
6. Describe what **challenges** you anticipate in field practicum.

7. **Self-assessment** is an essential part of social work education. Please reflect on each characteristic below and check what you assess as the most appropriate description of your current abilities:

	Needs		
	<u>Improvement</u>	<u>Good</u>	<u>Excellent</u>
Working Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepting positive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepting feedback when improvement needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Describe your **specific plan to meet the 16 hours per week (1st placement) or 20 hours per week for Advanced Standing**, including the days and times you will be available for field practicum. If you are working, has your employer approved this plan? **Please note that evening and weekend-only placements are not available.**

9. Are you requesting placement with your current employer? Yes _____ No _____

Are you requesting "extended field" hours (fewer hours per week for more weeks to accommodate part-time MSW students)? Yes _____ No _____

If you answer 'yes' to either of these accommodations, please ask the Director of Field for a copy of the FIELD PRACTICUM ACCOMMODATIONS for extended and employment-based field practicum, discuss your need with the Director of Field and follow the policy to apply.

10. Copies of the following documents are required and **must be submitted to the Director of Field Practicum prior to the beginning of the fall semester orientation**. Instructions for obtaining liability insurance and clearances will be distributed to all students entering field. Please DO NOT obtain these documents until summer 2014. Otherwise, they will be out-of-date and will have to be redone for fall.

_____ **Liability Insurance Certificate**
_____ Child Abuse Clearance
_____ Criminal Background Check

Note: Please be advised that certain field practicum sites may require a \$1,000,000/\$3,000,000 malpractice insurance policy

Please also be advised that certain field practicum sites may require you be fingerprinted for FBI background check, take a TB test, drug screening test, physical examination, and/or other tests or immunizations. **Your field placement will be contingent upon submitting to and passing the screenings and clearances that are required of student interns by the placement organization.**

I understand that I must be in good academic standing to enter or remain in the field practicum. I give permission for the release of any information in this Field Practicum Application and/or my resume to prospective field placement organizations and field instructor(s) for the purposes of matching me with a placement.

Student Signature _____ Date _____

Please return this completed application, email **your current, updated resume** and address any questions to:

Lisa Allen, Director of Field Practicum
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650 Reynolds Alley
West Chester University
West Chester, PA 19383
Office: 610-738-0351
FAX: 610-738-0375