FIELD PRACTICUM APPLICATION

(SWK 407) Must be submitted by mid-term of the semester prior to entering the Field Practicum. (This application must be completed in its entirety, inclusive of advisor signature and must be typed)

DATE: ___________________________

Name: __________________________

Mailing Address: __________________________

City: __________________________ State: _____ Zip Code: __________________________

Telephone No: __________________________

Student Number: __________________________ Age: _____ Gender: __________

Local Telephone No. __________________________ Permanent Mailing Address:

City: __________________________ State:_____ Zip Code: __________________________

Placement Plan:

_____ Fall 20____

_____ Spring 20____

1. A. Do you have a valid drivers license? _____ yes _____ No
(attach a copy)

B. Will you have access to a car? _____ yes _____ No

C. Do you have Auto Insurance? _____ yes _____ No
(attach copy of Insurance card)

D. Are you a member of NASW? _____ yes _____ No
(If no, have you applied for NASW Membership)

E. Is your Professional Liability Coverage Current _____ yes _____ No

2. What area of social work practice are you requesting as your first choice for field placement? (i.e. elderly, family and children, adolescents, adults, mentally challenged)

3. Do you have any physical handicaps or limitations: _____ yes _____ No
4. A) Volunteer experience, please specify:
   Dates: From __________  To  __________
   Agency: __________________________
   Nature of the experience: __________________________

Please attach your resume and a copy of your autobiography

5. Please write a brief summary of your interests. Include your short and long term goals and the experience you think would be relevant in selecting a field placement for you.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

6. Please describe the strengths you bring to the field practicum and indicate how you might build on those strengths during your field experience.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
7. Describe what you feel might be obstacles or potential limitations to your learning during the field practicum.

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8. What are you most looking forward to learning through your field practicum experience?

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9. Have you ever been convicted or arrested of anything other than a minor traffic violation? (A DUI is not considered minor). _____ If yes, please explain in detail, use an additional page(s), if necessary.

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10. Please attach a copy of your student records check.

11. Advisor's recommendation (feel free to attach a separate letter if you wish)

   I would:     ___ Recommend with enthusiasm
               ___ Recommend with confidence
               ___ Recommend with reservation
               ___ Not recommend

   Student's Signature Date  Advisor's Signature Date