**CHICAGO STATE UNIVERSITY**

**Master of Social Work Program**

**Application for Student Field Placement**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concentration: Direct Practice [ ] \_ Program Planning/Administration[ ] School Social Work[ ]

Indicate if this field placement is for your foundation year \_[ ]  or advanced year [ ]

Are you requesting a field placement with your current employer? Yes [ ]  No [ ]  If yes, you must

Complete a Work Site/Employer Field Practicum Proposal and have your employer approve your plan.

Do you have a valid driver’s license Yes [ ]  No [ ]  and access to a car? Yes [ ]  No [ ]

Are you available 2 days a week (Mon.–Fri. from 9 am to 5pm) to do your internship? Yes [ ]  No [ ]

**Do you need *some* evening or weekend hours to complete your Field Practicum? Yes** [ ]  **No** [ ]

**Please note that evening and weekend only placements *are not* available**.

* **Please provide a clear, detailed account of your proposed schedule for field placement.**
* **Note: Your application will not be processed if this section is not completed.**
* **Foundation Students please account for 13-16 hours each week.**
* **Advance Students Please account for 19-21 hours a week.**
* **Schedule should include minimum blocks of time in increments of 4 hours.**

|  |  |  |
| --- | --- | --- |
| **Day of Week** | **Daily Start Time** | **Daily End Time** |
| **Monday** | Click here to enter text. | Click here to enter text. |
| **Tuesday** | Click here to enter text. | Click here to enter text. |
| **Wednesday** | Click here to enter text. | Click here to enter text. |
| **Thursday** | Click here to enter text. | Click here to enter text. |
| **Friday** | Click here to enter text. | Click here to enter text. |
| **Saturday** | Click here to enter text. | Click here to enter text. |
| **Sunday** | Click here to enter text. | Click here to enter text. |

**Essay Questions:**

**Please type your response to the following questions in narrative form, (boxes expand):**

1) Please indicate any factors that should be taken into consideration in making your field placement assignment, such as transportation needs, or disability.

|  |
| --- |
| Click here to enter text. |

2) Briefly describe your career goals, areas of professional interest.

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| --- |
| Click here to enter text. |

3) Indicate what type of field placement setting you would prefer **not** to be considered for. Indicate your reasons.

|  |
| --- |
| Click here to enter text. |

4) Identify the skills you would like to obtain or strengthen as a result of your field placement.

|  |
| --- |
| Click here to enter text. |

5) What are your strengths and what skills will you bring to your field placement?

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| --- |
| Click here to enter text. |

6) Describe your specific plan to meet the weekly contact hours required for the field placement. Has your employer approved this plan?

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| --- |
| Click here to enter text. |

7) Have you ever been convicted of a felony? Please explain the act and consequences. Please note that a conviction for a felony will not necessarily bar you from a placement; however many agencies do background checks and make decisions based on their specific policies.

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| --- |
| Click here to enter text. |

8) Are you in good academic standing? You must be in good academic standing to enter or remain in the field practicum.

|  |
| --- |
| Click here to enter text. |

9) Are you fluent in any foreign language? If so, please identify.

|  |
| --- |
| Click here to enter text. |

10) Indicate the type of field placement settings you would www.csu.edu to review the Field Practicum Manual and the list of approved Field Practicum Sites. List your top three choices for placement: like to have. Go to the Social Work homepage at

|  |
| --- |
| Click here to enter text. |

First Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Third Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are specific agencies that you would like to consider that are not on the list of approved Field Practicum Sites, please identify and provide name, address, email and telephone number of contact person. **Do not interview with the agency without prior approval from the Director of Field Education.**

**Please consider the following agency for field placement. The agency below was not listed on the field list.**

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

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

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Is there an MSW with 2 years post masters available at the placement to supervise a student?

 Click here to enter text.

11) **Categories of Interest**

Please check the categories that interest you and where you would like to your internship

[ ] Aging/Gerontological Social Work

[ ] Alcohol, Drug or Substance Abuse

[ ] Child Welfare

[ ] Community Planning

[ ] Corrections/Criminal Justice

[ ] Developmental Disabilities

[ ] Domestic Violence of Crisis Intervention

[ ] Family Services

[ ] Group Services

[ ] Health

[ ] Housing Services

[ ] International

[ ] Mental Health or Community Mental Health

[ ] Program Evaluation

[ ] Public Assistance/Public Welfare (not child welfare)

[ ] Occupational

[ ] Rehabilitation

[ ] School Social Work

[ ] Social Policy

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] I understand that I must be in good academic standing to enter or remain in the field practicum.

[ ] I understand that the information in my Field Application will be shared with potential Field Instructors.

**Return completed application and a copy of your current resume to Lolita Godbold, Director of Field Education, email swkfield@csu.edu . Please submit all documents electronically (do not FAX your application).**