

**University of West Florida
Department of Social Work
MSW Field Application**

1. Name: _____ Student Number: _____

Overall GPA _____ (Latest one to date)

Telephone (home): _____ Telephone (cell) _____

Email address: _____

Please check all that apply:

FOUNDATION YEAR____ CLINICAL YEAR ____

ADVANCED STANDING _____ PART TIME _____ FULL TIME _____

SEMESTER: ____FALL ____SPRING ____SUMMER

YEAR: _____

2. Is this a work based placement? ____ yes* ____no

If "yes" you must submit a work based application packet in addition to this application

3. Address where you will reside during placement:

City COUNTY State Zip

4. Permanent Home Address (if different from University address):

City COUNTY State Zip

5. In Case of Emergency during Field Placement, Contact:

Name _____ Relationship _____

Phone _____

6. Do you have access to a car? Yes ____ No ____
Do you have a valid driver's license? Yes ____ No ____

7. Agencies will frequently ask the field office about a prospective intern's history regarding substance abuse and/or previous legal involvement, including serious or multiple driving violations. While this does not preclude placement, it is imperative that the field office have this information prior to beginning the placement process. Do you need to discuss these issues with the field office?

Yes ____ No ____

8. Are you bilingual? Yes ____ No ____ If yes, what language _____
How proficient are you? _____

9. Current Place of Employment _____
Position Title _____
Days/ Hours Worked _____

10. Briefly describe the types of experiences and assignments during previous internship(s) or social service positions, if applicable:

11. State your learning objectives for your internship:

12. Briefly state your occupational/professional goals:

13. Field Internship Preferences: Please rank order your 5 preferred interest areas, starting with 1 as your highest preference:

- | | |
|--|---|
| <input type="checkbox"/> Child & Family | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Child Welfare |
| <input type="checkbox"/> Military | <input type="checkbox"/> Gerontology |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Other (specify) _____ | |

14. If you know of specific agencies where you would like to intern, please list them here in order of preference:

1. _____
2. _____
3. _____

15. Have you applied for the Child Welfare Stipend? yes no
If yes, have you had the two required electives? yes no concurrent enrollment with field

16. Please list any Limitations / Special Accommodations which may impact your internship: _____

My signature below signifies that all information on this application is true and valid.

Student Signature Date

Student Checklist and Application Attachments:

- Student's signature on Application
- 2 copies of application
- 2 copies of resume
- Up-to-date photograph of you (for field file)
- Photocopy of valid driver's license
- Proof of Liability insurance

I would like to meet with the Field Director prior to placement: yes no

FIELD PLACEMENT CONTRACT RESPONSIBILITIES OF STUDENTS

As an applicant for field education, I agree to the following academic contract:

1. To adhere to the Code of Ethics of the National Association of Social Workers.
2. To submit all requested data prior to beginning my field placement
3. To prepare and negotiate specific learning objectives with the faculty field director / liaison and agency field instructor within the first three weeks of placement.
4. To be involved in professional social work development through regular self assessment of my academic and personal aptitude, knowledge, skills and values for a career in social work.
5. To engage in professional social work development through regular supervision and assessment of my academic and personal aptitude and performance.
6. To follow the policies, procedures, programs, and operating standards of the agency and UWF.
7. To regularly attend and actively participate in seminars with assigned faculty which supplement field instructors' supervision.
8. To act professionally and ethically to maintain confidentiality and to give priority to rights and needs of clients over my own.
9. To complete all documentation required by the agency and UWF.
10. To authorize the field education faculty and faculty liaisons to discuss my progress with other social work faculty members and field instructors.

I understand that if I am admitted to field work and my professional development is not deemed satisfactory by social work faculty and/or myself, either party has the right and the responsibility to request reassessment of my suitability for entry into the Social Work profession.

Student Signature

Date

**University of West Florida
Department of Social Work**

Informed Consent

I hereby give informed consent to the University of West Florida Department of Social Work to disclose to potential field supervisors/agency human resource officers/agencies any information regarding my academic status, field eligibility, previous work/volunteer experience, field interests, age group interests, criminal history, physical/mental disabilities, medical situations, language issues and any other special needs that will assist in the planning of appropriate field education or would be relevant to my performance of social work practice activities. This information will be provided until a field placement has been successfully secured. If I consent, the UWF Department of Social Work will not be held liable for any information disclosed to field supervisors/agency human resource officers/agencies. You have the right to rescind this consent at any time in writing to the University of West Florida / Department of Social Work Office /Field Education Office.

Please initial one below:

_____ Yes, I consent to the release of confidential information to third parties as described above.

_____ No, I do not consent to the release of confidential information to third parties as described above.

Consent Expiration Date: Twelve (12) months after date of signature.

Student Signature: _____ Date: _____

Acknowledgement of Risk in the Field Placement MSW Students

This document is designed to inform you of the potential risks associated with a field placement. It is the Department of Social Work's belief that you have a right to be informed of risks associated with this aspect of your educational and professional preparation, and that with proper knowledge and preparation, risks can be minimized.

1. Liability Insurance: Professional liability coverage is required for students in field internships. Coverage is available through membership in NASW and other companies. NASW membership applications are available online. An important aspect of professional practice is recognizing the limits of your knowledge and skills and avoiding helping situations that are not within your area of competence. Whenever you have a question about the handling of a particular case or whether a given intervention is appropriate, discuss this with your agency supervisor.

2. Automobile Liability Insurance: If you will be using your personal vehicle in the field, it is recommended that you check with your insurance company for a clear understanding of your coverage. Ask specifically what coverage you have if something happens while transporting a client. If clients are to be transported, an agency vehicle should be used, if available.

3. TB Skin Test (PPD-S): The prevalence of TB in society has seen an increase in recent years. If you anticipate an internship setting that serves populations at risk for TB, it is recommended that you take this test prior to entering the field. Some settings may require this test. You can be tested at the Student Health Center.

4. Client Office Visits: You may have a client in your office that becomes agitated or hostile. It is important that you discuss such matters with your agency supervisor early in your internship to be informed of agency policy and recommended courses of action should such an event happen.

5. Institutional Settings: Mental health and correctional institution settings serve a client population whose behavior may be unpredictable. It is important that you learn strategies for handling clients whose behavior becomes threatening. Whenever you feel uncomfortable with a client, inform your supervisor. It is acceptable to have your supervisor or another staff person accompany you when visiting such clients.

6. Home Visits: It is not uncommon for social workers in a variety of social service settings to conduct home visits. Such visits do expose you to risks. It is important that all home visits be made with the full knowledge of your agency supervisor -time of departure, time of return, other activities while on the trip, etc. Do not conduct a home

visit when you feel uncomfortable or threatened in the situation. Return to the agency and report your experiences to your supervisor.

Beware of dogs or other household pets that might be a threat. Do not make a visit when the presence of alcohol is detected. It may be appropriate for you to make visits accompanied by your supervisor. **Do not take risks.** Know who to call or what steps to take if you should experience a vehicle breakdown.

7. After Hours Meetings: Some social service settings have activities that occur beyond normal office hours. Be aware of the location or neighborhood where such activities take place, note street lighting, open spaces, shrubs and other growth that might impair vision. It is suggested that you always be accompanied by your supervisor or someone else when going to your car after dark. **Don't take risks.**

8. Hepatitis B Vaccine: Working with high risk clients means there is a chance of being exposed to blood-borne pathogens; it is recommended that you get this vaccination. This involves a series of three injections over a six month period of time. The second injection is given one month following the first, with the third coming five months later. Given the time requirements for this protection, it is important that you begin immunization at a time that would give you protection when you enter your internship. This series of immunizations can be administered by the Student Health Center. There is a cost for these series.

I have read the above and understand that a field placement may present some risks. I also understand that prudent choices and exercising caution can minimize these risks. I further recognize that it is my responsibility to become informed of agency policy and practices regarding the above situations, and notify my supervisor and / or UWF field director if any concerns arise.

I hereby give my permission to the UWF Division of Social Work to disclose to potential field instructors and agency supervisors any information about me which will assist in the planning of appropriate field instruction or would be relevant to my performance of social work practice activities.

I also acknowledge that I am fully responsible for the compliance of all deadline dates and the acquisition and understanding of all policies, procedures and performance objectives applicable to this field placement. Failure to comply with any of the above will result in my termination from the placement.

Student Signature

Date