**APPLICATION FOR SECOND MSW FIELD PLACEMENT (SWK 572)**

\*\*\*PLEASE KEEP IN MIND THAT ALTHOUGH YOU MAY HAVE AN INTEREST IN A COMPONENT OF FIELD BASED ON PERSONAL EXPERIENCE, BEING PLACED IN A

NEW SETTING IS OFTEN MORE APPROPRIATE FOR YOUR CURRENT PERSONAL

AND EDUCATIONAL NEEDS\*\*\*

Date: Click or tap to enter a date. SCSU ID#: Click or tap here to enter text.

Name : Click or tap here to enter text. Gender: Choose an item.

Address: Click or tap here to Street.

Click or tap here to enter City/Town

Click or tap here to enter State

Click or tap here to enter Zipcode.

Cell Phone: Click or tap here to enter number. SCSU E-Mail: Click or tap here to enter SCSU email.

Application for (**Check one**): Second/Final Year [ ]  Advanced Standing [ ]

**SPECIALIZATION** (**Choose one**):

|  |  |  |
| --- | --- | --- |
| [ ]  Community Mental Health/Substance Abuse (COD)  | [ ]  Community Practice  | [ ]  Children & Families  |
| [ ]  Older Adults & Families  | [ ]  Social Work in Schools  |

**Provide agency, field instructor’s name and academic year of your 1st Year field placement OR your senior year BSW placement (if Advanced Standing)**

**Agency** Click or tap here to enter Agency name. **Year:** Click or tap here to enter academic year.

**Field Supervisor:** Click or tap here to enter Supervisor’s name.

What are your educational goals for the next placement? What are your research interests?

Click or tap here to enter text. Be sure to answer both questions

..

Do you expect to be employed during field placement? Choose an item.

**\*\*\*IMPORTANT NOTE\*\*\***

***Agencies do NOT offer evening/weekend placements. IF you are employed 40 hours a week, you MUST make adjustments to your schedule in order to accommodate your field placement. You may have to change or quit your job in order to be available for your educational requirements***

Will you be requesting to use your employment for field placement? Choose an item.

Are there special factors which need to be considered in planning your placement? (e.g., conditions requiring handicapped access, geographical limitations, etc.) Choose an item.

Click or tap here to provide information if you answered yes.

Please list, in order of preference, 3 **TYPES** of settings in which you would like to be placed:

Click or tap here to enter 2nd choice.

Click or tap here to enter 3rd choice.

Please indicate your geographic preference (close to home or close to school?): Choose an item.

Have you been **convicted** of a felony or do you have a criminal record in the State of Connecticut orany other state? Choose an item.

Have you ever been investigated by the Department of Children & Families or any other state agency? Choose an item.

***Please be aware that many agencies are required to complete background checks and/or ask for*** ***fingerprinting and/or a drug screen prior to approving student placement and that this may result in*** ***a COST TO YOU! If there is something in your background that may become a barrier to your field*** ***placement, letting us know helps us choose the right placement for you.***

|  |
| --- |
| **SUBMIT WITH A CLEAN COPY OF YOUR UPDATED RESUME** **(include your previous placement)****BY** **JANUARY 26, 2021** **TO**Diane Michaelsen, michaelsend1@southernct.edu  |

Revised 01.11.2021