

APPLICATION FOR BSW SENIOR FIELD PLACEMENT (SWK 490)

Student ID# _____

Name (please print) _____

Permanent Mailing Address _____

Contact Phone number: _____

E-mail (please print): _____

Please update the field office regarding any changes in your personal information.

Please list, in order of preference, three types of settings in which you would like to be **considered** for placement. (**This is a guideline to facilitate the process, there are NO guarantees**):

_____ School Based _____ Older Adults & Families
_____ Co-Occurring Disorders _____ Children & families

Indicate which modes of transportation are regularly available to you:

_____ Car _____ Train _____ Bus
_____ Other (please explain): _____

Include any additional information that would be helpful in seeking an internship for you:

Do you expect to be employed during field placement? Yes _____ No _____

If yes, please circle one: Full time Part-time

Will you be requesting to use your place of employment for field placement? Yes _____ No _____

If yes, name of Agency _____

******IMPORTANT NOTE******

The Field Education Office does 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 MUST be available during daytime business hours in order to maximize your learning experience.

Indicate your geographic preference for your placement (no guarantees):

Do you live on campus? Yes _____ No _____

Do you read or speak a foreign language? Yes _____ No _____

If yes, please specify which language(s): _____

Do you have any disabilities which will have implications for placement (e.g. conditions requiring handicapped access, DRC accommodations, etc.)? Yes _____ No _____ If yes, please explain:

Have you been convicted of a felony or do you have a criminal record in the State of Connecticut or any other State? _____ Yes _____ No

Have you ever been investigated by the Department of Children and Families or any other State agency? _____ Yes _____ No

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.

Social Work Related Employment or Volunteer Experiences

Agency _____
Supervisor _____
Responsibilities:

Number of hours completed _____

Agency _____
Supervisor _____
Responsibilities:

Number of hours completed _____

This SWK 490 application, along with a copy of your updated resume, is due back to the Field Education Office NO LATER THAN JANUARY 24, 2022.

By signing below, I certify all information above is true and correct to the best of my knowledge.

Signature Date

Field Education Office
Social Work Department Lang House (Room 107)
101 Farnham Avenue
New Haven, CT 06515
E-mail: digovannan1@southernct.edu