



# Department of Social Work Application to Complete MSW Field Placement at Place of Employment

Foundation Year

Concentration Year \*

## Student Information

Student ID \_\_\_\_\_ @ \_\_\_\_\_ Date \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First M.I.*

Agency of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_  
*Street Address Suite/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Student Phone at Employment: ( ) \_\_\_\_\_

Student Email at Employment: \_\_\_\_\_

## Employment Information

Current Job Title at Employment: \_\_\_\_\_

Employment Supervisor and Title/Position: \_\_\_\_\_

Employment Supervisor Phone: ( ) \_\_\_\_\_

Employment Supervisor Email: \_\_\_\_\_

Field Placement Supervisor and Title/Position: \_\_\_\_\_

Field Placement Supervisor Phone: ( ) \_\_\_\_\_

Field Placement Supervisor Email: \_\_\_\_\_

## Field at Employment Conditions

The field placement may be undertaken in a student's place of employment under the following conditions:

1. The chain of supervision for the field placement differs from the employment chain of supervision;
2. The tasks undertaken must differ substantially from the work tasks and;
3. The hours required for placement must be performed in addition to the regular work hours of the student.
- \*4. Concentration year student's field placement must have a family focus. (Please attach a brief description of how you anticipate fulfilling the "family focus" of the concentration year at your field site.)

I understand the conditions applicable to this request and agree to comply with these conditions in order for the place of employment to service as a field placement site.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employment Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Field Placement Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Employment Program/Department</b>	<b>Field Placement Program/Department</b>
<b>Current Job Tasks:</b> 1. 2. 3. 4. 5. 6.	<b>Field Placement Tasks:</b> 1. 2. 3. 4. 5. 6.
<b>Employment Hours of Work:</b> M –                      Tu – W –                      Th – F –                      Wkend –	<b>Field Placement Hours of Work</b> M –                      Tu – W –                      Th – F –                      Wkend –

**TO BE COMPLETE BY SOCIAL WORK DEPARTMENT**

**Approved**

**Denied**

**Reason:** \_\_\_\_\_

Field Coordinator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_