

Field Education Program Application for Agency Participation

PLEASE INDICATE: [] New Site [] Renewal Site [] Update for Site

1. Agency Information:

Agency Name: []

Department: []

Address of Agency: []

City [] State/Province [] Zip/Postal Code []

Business Phone [] Business Fax [] Web Site Address []

Agency Director/Administrator: First Name [] Last Name []

Please indicate in the space provided any name changes the agency has undergone within the past 2 years or since the last agency application for field placement was submitted.

[]

2. Contact Person:

First Name [] Last Name [] Agency Position: [] Telephone [] Ext. [] Email Address: []

3. Staff Members Who Will Serve as Field Instructors: Field Instructors MUST have a MSW degree and be a Licensed Masters Social Worker (LMSW). Those Who want to serve as a task supervisor do not need such credentials and may provide daily supervision; however, a MSW degree holder with a LMSW must provide one hour of weekly supervision to the student(s).

First Name [] Last Name [] License Number []

First Name [] Last Name [] License Number []

First Name [] Last Name [] License Number []

4. **Field Placement Opportunities for Undergraduate and Graduate Students:** Please specify in the corresponding box provided the number of students of each curricular level the agency is able to facilitate.

Are you able to offer a block placement to BSW Senior Year students? (A block placement consists of 4 days per week for 8 hours each day. The student will be in field for 32 hours per week for one term, January to April). Yes No

UNDERGRADUATE STUDENTS (BSW) Total: _____

Seniors	Number <input style="width: 100%;" type="text"/>	Seniors (Block Placement)	Number <input style="width: 100%;" type="text"/>
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GRADUATE STUDENTS (MSW) Total: _____

First Year (Foundation):	Number <input style="width: 100%;" type="text"/>	Second Year (Advanced):	Number <input style="width: 100%;" type="text"/>
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5. **Concentration Area(s) Agency Fits (Please check all that apply).**

- | | | |
|---|---|---|
| <input type="checkbox"/> Community Practice and Social Action | <input type="checkbox"/> Interpersonal Practice | |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Child Welfare/Families | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Policy and/or Advocacy | <input type="checkbox"/> Aging/Gerontology | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Program and Research Development | <input type="checkbox"/> Health Care | <input type="checkbox"/> Adoption/Foster Care |
| <input type="checkbox"/> Public Welfare | <input type="checkbox"/> Schools | <input type="checkbox"/> Other
<input style="width: 100%;" type="text"/> |
| | <input type="checkbox"/> Mental Health (Inpatient) | |
| | <input type="checkbox"/> Mental Health (Outpatient) | |

6. **Populations Served:** Please check all that apply.

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Infants/Preschool | <input type="checkbox"/> Young Adults | <input type="checkbox"/> Other
<input style="width: 100%;" type="text"/> |
| <input type="checkbox"/> Children | <input type="checkbox"/> Adults | |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Elderly | |

7. **Agency Hours for Student Field Placement:** Please provide the hours of operation in which a student can perform field placement tasks at the agency.

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

From **AM** To **PM**

Other Comments:

8. Please indicate in the agency requires any of the following for students:

TB Tesing

Agency Expense

Student Expense

Background Check

Agency Expense

Student Expense

Paper Finger Printing

Agency Expense

Student Expense

Electronic Finger Printing

Agency Expense

Student Expense

Training Session(s)

If so, please provide time requirements:

Other: Please provide any additional requirements for students.

9. Financial Stipends: Please check one for each corresponding question, if applicable.

Does the agency provide financial stipends?

Yes

No

If yes...

1. In the form of a grant to the School's scholarship fund?

Yes

No

2. Specific agency stipend?

Yes

No

Please indicate the dollar amount of the stipend: \$

Please indicate any specific requirements and/or conditions:

10. Narratives: Please respond in the corresponding space provided.

What services does the agency provide?

Other: Please provide any relevant agency changes within the past 2 years or since the last agency application for field placement was submitted.

Signature:

Date:

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Fax: (313) 577-2323
Email: ac1724@wayne.edu
field_education@wayne.edu

Please return to: Anwar Najor-Durack
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