

# Mid-Tennessee Collaborative Master of Social Work Program Field Education Placement Application

This completed application requires:

- D This form
- D One copy of your resume
- D Current unofficial transcript
  
- D Foundation
- D Concentration
- D Full Time (Spring only)
- D Part-Time (Spring/Summer)

Student ID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Student Email: \_\_\_\_\_

Placement Plan: Please identify the agency you are planning to complete your practicum

Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_

MSW Supervisor: \_\_\_\_\_

Phone/Email for Supervisor: \_\_\_\_\_

Describe the planned activities or tasks you will perform during the placement:

A large, empty rectangular box with a thin black border, intended for the user to describe their planned activities or tasks during the placement. The box occupies most of the page's vertical space below the instruction.

Describe your learning goals or expectations for this field placement:

Is this placement a *previous* employer or internship location?    Yes    No

If yes, please describe previous work and the assigned supervisor\_\_\_\_\_.

Is this placement your *current* employer?      Yes      No

If yes, please provide your current job title/work responsibilities as well as your employment supervisor. Attach a job description if available.

Provide a brief description of your planned days and hours you will report to the field placement

## Acknowledgement of Employment Based Placement Request

The Mid-Tennessee Collaborative allows students to complete their practicum hours at the current place of employment, under certain requirements. Those are posted in the Field Education Manual, and are to be reviewed by the student prior to application to the Field Education placement. This document and signature confirms the student has reviewed the requirements of the placement and affirms that proposed learning application meets those conditions.

Please provide the following:

Describe how the field placement will be different from your current job responsibilities (i.e., unit, type of services, population).

Employment: \_\_\_\_\_

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

Contact number: \_\_\_\_\_

Employment Supervisor email: \_\_\_\_\_

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

## Confirmation of Agency Placement

Agreement for student placement for \_\_\_\_\_ (Semester) \_\_\_\_\_ 20\_\_\_\_\_

Student Name \_\_\_\_\_

Student email: \_\_\_\_\_

The Mid-Tennessee Collaborative Master of Social Work Program and the Field Agency below jointly agree to a student field placement for the purpose of providing graduate social work field education.

Agency: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### For the Agency Field Instructor

**I certify that I have met with the student below and we have agreed on a field placement for the identified semester.**

Signature of Field Instructor \_\_\_\_\_ Date: \_\_\_\_\_

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

**Confidentiality Statement**  
**(To be completed by student)**

I have read the Confidentiality policy in the MTC-MSW Program Field Education Manual and agree to abide by that policy. I have also read the NASW Code of Ethics and agree to uphold the ethical guidelines for social work practice. I will respect the privacy of clients and, as consistent with agency policy, hold in confidence information obtained in the course of my field placement. I will hold in confidence any proprietary information about the agency shared with me during the field placement. I will not disclose data that can be linked to individual clients or staff members when using information from the field experience in my coursework.

Student Name (Print): \_\_\_\_\_

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