Social Work Program Field Application

Tennessee State University

***To be eligible for Field Practicum, the student MUST first be accepted into the BSW program.***

**NOTICE**

Acceptance into the BSW or MSW Program and completion of the practicum application does not guarantee placement. All students must interview and be accepted by an agency in order to move forward with their field practicum. If a student is unsuccessful with their interviews, the Field Education Program Coordinator will meet with the student to discuss and review their readiness to enter field practicum. The Field Education Program Coordinator will assess the student’s readiness to proceed with additional interviews, or whether the student will need to wait an additional year for possible placement. Additionally, while the Social Work Program will make every effort to place a student with an agency/population that is of interest to them, we cannot guarantee such a placement. We also cannot guarantee a placement in the student’s geographical preference area.

**Part One: Field Application**

**Date** (MM/DD/YYYY) **Name** (Last, First, and Middle)

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**Email**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address, City, State Zip Code**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone Secondary Phone**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

☐ I am a BSW Student

☐ I confirm that I have read the Field Education Program Manual and understand the contents. I understand that my field practicum information may be shared via electronic mail. I also authorize the School to discuss aspects of my strengths and challenges with prospective agencies to help facilitate an appropriate “fit” with a field practicum placement and throughout my field experience.

**Emergency Contact**

Please provide the name of a person that can be contacted in the event of an emergency. By supplying this information, you are giving any person from the Social Work Program permission to contact this person in the event of an emergency. Permission is also given for the School to disclose pertinent information related to your education to this person.

**Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City State Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

☐ *Yes, in the event of an emergency, I give the Social Work Program permission to discuss pertinent information related to my education to the above stated individual(s).*

**Social Work Learning Experience Interests**

From the items listed below, please select the box to indicate the field area(s) that best match your interest.

**Families, Children and Youth**

☐ Children’s Protective Services

☐ Child Welfare / Foster Care

☐ Adoptions

☐ Family Preservation and In-Home Services

☐ Early Childhood Services

☐ Welfare, Employment and Public Assistance

☐ Education / School Based Social Work

☐ Mental Health with Youth and Families

☐ Alcohol / Drug Intervention with Youth / Families

☐ Juvenile Justice (Parole and Probation)

**Health and Wellness**

☐ Gerontology and Aging Services

☐ Developmental Disabilities

☐ Medical Social Work

☐ Welfare, Employment and Public Assistance

☐ Hospice Services

☐ Services for Homeless / Disadvantaged

☐ Alcohol / Drug Interventions with Adults

☐ Legal Assistance

☐ Faith Based Interventions

☐ Services for Pregnant Youth

**Mental Health**

☐ Community Mental Health Programs

☐ Senior Mental Health Services

☐ Child and Family Mental Health Services

☐ Adult Mental Health Services

☐ Inpatient Psychiatric Services

☐ Crisis Intervention Services

☐ Sexual Offender Treatment

☐ Other:

**Community Organization/Legal**

☐ Advocacy / Community Organization

☐ Domestic Violence / Shelters

☐ Legislative

☐ Adult Corrections / Legal Services

☐ Social Justice Programs

☐ Other:

**Field Agency Preference**

Each student will be afforded an opportunity to interview at three field placement sites. In the space below, please identify and rank order your top five choices with #1 being the site of highest preference. The field office will utilize this information in conjunction with the other items in this application to assign you to field sites for interviews. You will receive an e-mail confirmation of your three sites.

Do you plan to apply for the Child Welfare Stipend? ☐ Yes ☐ No

Are there any agencies where you should not be placed because of potential conflicts of interest based on previous or current interactions? \_\_\_ Yes \_\_\_ No

*IF YES*, which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list specific names of agencies where you would prefer to be placed, if known:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Demographic Information**

What is your preference for the geographic location of your field placement, i.e. West, TN, Clarksville, Murfreesboro, Springfield, etc.? *We will make an effort to accommodate both your learning interests and your geographical preferences, but there is no guarantee that we can accommodate preferences.*

**Location Preference:** Indicate your first (1) and second (2) preference for a field agency location:

\_\_\_\_\_\_ Nashville \_\_\_\_\_\_ Davidson County  
 \_\_\_\_\_\_ Murfreesboro \_\_\_\_\_\_ Rutherford County   
 \_\_\_\_\_\_ Clarksville \_\_\_\_\_\_ Montgomery County

\_\_\_\_\_\_ Other City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Other County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you fluent in any other languages? ☐ Yes ☐ No

If yes, please list languages you are fluent in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have transportation? ☐ Yes ☐ No

Do you have a valid driver’s license? ☐ Yes ☐ No

The traditional 30 hours per week of field hours are completed Tuesday thru Friday between the hours of 8 AM and 5 PM.

Are you able to meet this requirement?

☐ Yes ☐ No

If you NEED non-traditional hours, please describe why you need them and your availability below. *There are very few placements available for non-traditional hours and many require some time during traditional hours.*

|  |
| --- |
|  |

Why are you pursuing your BSW degree?

What are your career goals after completing the BSW program?

Please describe your ideal BSW internship placement.

What do you hope to achieve during your BSW internship?

**Social Work Courses Completed**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | |  | Credit Hour | | | |  | | Grade | |  | |  |
| 2010 | Introduction to Social Work | | | | | |  | |  | |  | |  | |  | |  |
| 2100 | Social Work Interviewing Skills | | | | | |  | |  | |  | |  | |  | |  |
| 3300 | Human Behavior and Social Environment I | | | | | |  | |  | |  | |  | |  | |  |
| 3350 | Human Behavior and Social Environment II | | | | | |  | |  | |  | |  | |  | |  |
| 3400 | Social Welfare Policy | | | | | |  | |  | |  | |  | |  | |  |
| 3450 | Social Welfare Policy Analysis | | | | | |  | |  | |  | |  | |  | |  |
| 3500 | Social Work Practice I | | | | | |  | |  | |  | |  | |  | |  |
| 4601 | Social Work Practice II | | | | | |  | |  | |  | |  | |  | |  |
| 3800 | Social Work Research I | | | | | |  | |  | |  | |  | |  | |  |
| 3000 | Social Statistics | | | | | |  | |  | |  | |  | |  | |  |
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| SOCIAL WORK ELECTIVES COMPLETED | | | | | | | | | | | | | | | |
|  |  |  |  |  |  | | |  | |  | |  | |  | |
| 4000 | Social Work Intervention in Health | | | | | | |  | |  | |  | |  | |
| 4401 | Skills Solutions/Permanency/Child Welfare11 | | | | | | |  | |  | |  | |  | |
| 4461 | Child Welfare 11 | | | | | | |  | |  | |  | |  | |
| 3600 | Ethnic & Minority Concerns in Social Work | | | | | | |  | |  | |  | |  | |
| 4700 | Gerontological Social Work | | | | | | |  | |  | |  | |  | |
| 4900 | Senior Seminar in Social Work | | | | | | |  | |  | |  | |  | |
| 4950 | Readings and Research (Special Topics) | | | | | | |  | |  | |  | |  | |

I recommend that the above named student enroll in Field Instruction and Field Seminar the semester, \_\_\_\_\_20\_\_\_\_.

**Social Work Advisor Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Instruction Related Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Part Two: Field Practicum Student Agreement**

**Please read the following statements carefully, initial each section, and sign at the bottom.**

☐ I hereby certify that the statements contained in this completed Field Application and any other information included as a part of this application and attachments are **true and correct**. I agree and understand that any misrepresentation or omission of any material facts onmy part may be cause for delay in field placement, for separation from field practicum, and/ormay lead to the initiation of disciplinary processes.

☐ I hereby authorize the Social Work Program and its faculty members and any of the approved field practicum agencies or field instructors to verify any and all information contained within this application. This may include, but is not limited to, contacting former employers, field practicum agencies and/or field instructors, among others. I further authorize the Social Work Program to assess and discuss information that may affect my student status and / or field practicum role with the appropriate parties.

☐I understand that the field practicum agency may request criminal background checks, fingerprint checks, drug screens, physical examinations, TB tests, immunization verification, valid Tennessee Driver’s license, etc. as requirements for acceptance at their site. Agencies may also require random drug screening(s) at any time during the year. I hereby agree to participate in these screens/evaluations and give permission for the results to be provided to the Tennessee State University, Social Work Program upon request. I also understand that if I fail any of these screens, I may not be accepted at the specific agency, may become ineligible for field practicum, and may not be placed with an agency for an entire academic year. I also understand that if during the year I fail a screening, I may be removed from the agency and if removed, will not be placed in another agency for the remainder of the academic year. I understand that failing a drug screen(s) or other agency screening may be grounds for disqualification from the BSW program.

☐At all times, I shall maintain professional conduct in accordance with Tennessee State University, Social Work Program’s academic standards, the National Association of Social Workers Code of Ethics, and professional social work values. Code of Ethics is available at the following website – **http://www.socialworkers.org/pubs/code/code.asp**

☐ If for any reason, I elect to terminate the internship before fulfilling my field practicum, I shall terminate in an appropriate, professional manner, providing written and verbal notice to the field agency and to the Tennessee State University, Social Work Program.

I have reviewed and understand all of the above statements and agree to comply with all of the above. If I am not in compliance with the School of Social Work’s policies and procedures, I understand that I may be considered ineligible for Field Practicum.

**Print Full Name**

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DO NOT WRITE BELOW THIS LINE** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
|  | | | Assigned to | |  | | | | |
| Student | | |  |  | Agency | | | | |
|  |  |  |  |  |  |  |  |  |  |
| at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | The Agency Field Instructor is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | Agency Address | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | The Program Field Liaison is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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|  |  |  |  |  |  |  | | | |
|  |  |  |  |  |  | Field Instruction Coordinator | | | |
|  |  |  |  |  |  |  |  | | |
|  |  |  |  |  |  |  | Date | | |

Are you requesting an employment-based field placement? \_\_\_Yes \_\_\_No (if no do not complete)

**For an employment-based placement request**

Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you worked there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (years/months)

Current Position:

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit on which you work (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job responsibilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number of hours worked per week (on average) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weekly Schedule \_\_\_\_\_\_\_\_ Monday \_\_\_\_\_\_ Tuesday \_\_\_\_\_\_ Wednesday  
 \_\_\_\_\_\_Thursday \_\_\_\_\_\_ Friday \_\_\_\_\_\_Saturday \_\_\_\_\_\_ Sunday

Employment- based placement request (con’t)

Have you discussed the possibility of completing an employment-based field placement experience with your supervisor or administrator? \_\_\_ Yes \_\_\_ No

With whom have you spoken: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you speak to her or him? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yr)

What might you do for your field placement that would differ from your current job responsibilities (i.e., unit, type of services, population)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Person at agency to contact about this possible field placement:

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

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

RELEASE OF INFORMATION

I authorize Tennessee State University, Social Work Program, its faculty, and

Field Instruction Coordinator to consult with field agencies in the development

of a practicum placement.

I release from any liability any and all individuals and organizations who provide

information in good faith and without malice concerning my professional competence,

ethics, character, student records and other related information in

the development of a field placement, and I hereby consent to the release of

such information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Witness Date

**BACKGROUND CHECK INFORMATION**

**Statement:** Social Service agencies, organizations and community settings are performing Background Checks on students requesting the agency or setting as a placement site. Agencies and organizations have the option to accept or deny a student’s request for placement in their agency or setting.

**STUDENT:**

I completed my Background Check for Field Education on the \_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

20\_\_\_. Criminal Court document to verify the findings are attached.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Resume Update**

You will need to update your resume as part of the internship placement process. Your resume should include relevant information when applying for a social work internship. When you meet with the Internship Coordinator, she will review your resume and provide feedback. As needed, please make the following changes below.

The **Education** heading should be first on your resume. Under the **Education** heading if you have not already, please add:

Tennessee State University

**Bachelor of Social Work**, Anticipated Graduation (Put - month, year)

Please organize your resume headings to highlight your activities and work experience to show what is relevant to your future career in social work. Common headings used include:

* **Education or Education and Credentials**
* **Relevant Experience or Related Experience –** this section could include volunteer experience, training, work experience, service learning and/or work experience or projects
* **Work Experience –** this section should include your current job or most recent job and any other work experiences that are relevant to your career as a future social worker.
* **Professional Development or Membership –** include organization affiliations, leadership roles or training
* **Special Skills or Interests –** include computer skills or languages or include special interests that may create conversation in an internship interview.

Please make sure that the font type and size and date format is consistent throughout your resume. Please use a format similar to the one below for your experiences listed underneath your headings:

Agency, City, State Dates

Position

* description of job or volunteer tasks and skill used
* description of job or volunteer tasks and skill used
* description of job or volunteer tasks and skill used

**Cover Letter Preparation**

Please be prepared to write an individual cover letter to apply to each agency. Here is a link to the career [developmentcenter@tnstate.edu](mailto:developmentcenter@tnstate.edu) At this link, please go to *Job Search Tools* section and click on the cover letter guide and interviewing guides. The Career Development Center is located at Suite 304, Floyd Payne Campus Center 615-963-5981. Your Internship Coordinator is also able to review these cover letters before you send them out to the agency to apply.

**Additional Application Materials**

Some internship agencies may ask you submit the following to be considered as a candidate:

* Recommendation letters or letters of reference
* A reference page or professional references –A professional reference can be a previous or current work supervisor, a co-worker, a professor who can say positive things on your behalf and who can provide insight to their professional experience with you. It is best to list contact information for 3 references.
* A writing sample.

**Application Acknowledgements**

I understand that I could be subject to the following as part of an internship agency application process:

* A background check, including but not limited to criminal history and/or fingerprinting
* Substance use and drug testing
* A health screening such as TB or tetanus, etc.

Please note that these screenings are not required nor paid for by Tennessee State University. The above requirements may not be paid for by the agency and could be at student’s expense. Please discuss this with your Internship Coordinator if you have questions or concerns regarding these requirements.

This application form is intended to convey information that will be helpful in determining internship placement. Although the experiences and interests of the applicants are taken into consideration, educational needs and requirements take precedence over all other factors involved in the assignment of students to fieldwork agencies. The information on this application may be shared with an agency field instructor, field liaison, and/or Director of Internships. If e-mailing the application, please type in your name/date below.

**Signed: Date:**

Please email or fax completed form to Field Education Coordinator

Fax: 615-963-7672

E-mail: washingtonhannah2@gmail.com

**Confirmation of Field Placement by Student**

As soon as a decision has been made regarding your field placement return this form to the Social Work Program.

I certify that I have met with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Field Instructor’s/Director’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We have agreed on my

Agency Name

field placement for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_ semester.

Spring/Summer

You and the field instructor/director will receive a signed and dated confirmation notice from the Social Work Program once the field placement is confirmed.

This placement is not appropriate or is unavailable.

Other possible placements I would consider are:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is your responsibility to immediately contact the BSW Field Coordinator to let her or him know that the placement is not appropriate or is unavailable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**Confirmation of Field Placement by Agency**

**MEMORANDUM**

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RE: Confirmation of BSW Student Field Placement

DATE: **\_\_\_\_\_\_\_\_\_\_\_**

We have met with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student’s name) and

have agreed to accept her or him for a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fall/Spring) 20\_\_\_\_\_\_ semester

field education placement at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency Name).

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be the field instructor. She/he can be reached by

telephone at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or by email at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that the student is to be placed at the agency for minimum of 32 hours per week

For the 15-week semester and is to receive academic credit for this work. I acknowledge that the

student will not be in the agency on Mondays in order to allow for class attendance at Tennessee

State University.

**E-mail this form back to** [**washingtonhannah2@gmail.com**](mailto:washingtonhannah2@gmail.com) **within three (3) days of the date of the interview or fax to (615) 963-7672.**

Please list any special conditions affecting the placement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Title Date