



Division of Social Work

Field Placement Application Form
BSW Field Education I - SOW 4060

INSTRUCTIONS:

Please complete this form in its entirety prior to your individual interview with the BSW Coordinator of Field Education. Please keep a copy for yourself to take with you at the time of agency interviews. Students who have incomplete applications will be asked to reschedule their interview.

Name _____ Birth Date _____

Mailing Address

Current Phone Number _____ Alternate Phone _____

Social Security Number _____ E-Mail _____

Semester(s) and Year for Which You are Applying _____

In Case of Emergency during Field Placement, Contact

Name _____ Relationship _____

Address _____ Phone _____

I HEREBY CERTIFY THAT THE CONTENT OF THIS APPLICATION IS TRUE AND ACCURATE. I HEREBY GIVE MY PERMISSION TO THE FGCU DEPARTMENT OF SOCIAL WORK TO DISCLOSE TO POTENTIAL FIELD INSTRUCTORS ANY INFORMATION ABOUT ME WHICH WILL ASSIST IN THE PLANNING OF MY FIELD PLACEMENT, OR WOULD BE RELEVANT TO MY PERFORMANCE OF BSW ACTIVITIES, OR WHICH AN AGENCY WOULD WANT TO KNOW IN ORDER TO MAKE AN INFORMED DECISION ABOUT MY FIT WITH THE AGENCY AND ITS CLIENTS.

Signature Date _____

List all social services positions you have held (give agency name, job title, dates, and list of tasks performed).

1. _____

2. _____

3. _____

List all Volunteer service work you have performed (give agency name, tasks performed, dates, and approximate number of hours)

1. _____

2. _____

3. _____

Current Place of Employment _____

Tasks Performed: _____

Years of Service _____ Full or Part Time _____

Supervisor _____ Phone Number _____

Field Placement Preferred Fields of Practice (please rank your 4 preferred interest areas, starting with "1" As your highest preference)

<input type="checkbox"/> Child and Family	<input type="checkbox"/> Health Care
<input type="checkbox"/> Chemical Dependency	<input type="checkbox"/> Juvenile Justice
<input type="checkbox"/> Corrections (Adult)	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Public Welfare
<input type="checkbox"/> Gerontology	<input type="checkbox"/> Schools
<input type="checkbox"/> Other (specify) _____	

Preferred Age Group: Children Teens Adults Seniors

Preferred County: _____ City: _____

Will you have the use of a car during placement? Yes No

If yes, do you have liability insurance? Yes No

If no, explain how you plan to handle transportation _____

What languages do you speak fluently? English Spanish
 French Creole _____ Other

State your professional learning goals for this placement (What experiences, skills, knowledge, etc., do you want to acquire?)

State your personal learning goals for this placement (do you need to develop effective work habits, responsibility for own learning, assertiveness, openness to supervision, values and ethics, assess interests, etc.?)

Describe your current motivation for entering the field of social work.

What are your career goals?

Discuss the type of agency which you think you would prefer for your field placement. Identify the populations you would prefer to work with.

If you know of specific agencies where you would like to be placed, please list them here in order of preference.

1. _____
2. _____
3. _____

Limitations or other comments (list here any disabilities or personal limitations, which might affect your field placement experience. Describe how you want to deal with it. Note any other concerns, comments, or preferences, which you want the field office or field agency to take into consideration).

PLEASE PRINT OUT A COPY OF YOUR GULFLINE TRANSCRIPT (unofficial) and attach to this application.

Cumulative GPA in all HUS/BSW courses taken _____
(Divide total quality points by total hours. Do not include pass/fail grades)

Overall GPA at FGCU _____ (from transcript)