

MSW Advanced Practicum Application

(To be completed by student.)

Instructions: Please complete this application and return it to the Director of Field Education, CSU, Chico, School of Social Work, 511 Butte Hall, Chico, CA 95929-0550.

Name: _____ CSUC Student ID: _____ Date: _____

Address: _____ *Phone: _____

* Message Phone: _____ E-mail: _____

* Please provide contact numbers where you can be reached **even when classes are not in session.**

Field Instructors often ask me to tell them about the student who has requested an interview with their agency. The information you provide on this form will be used for this purpose. Consequently it is important that you reflect on the information being requested and provide thoughtful answers.

Indicate Your Interest in the Following Learning Experiences: *Check all that apply*

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Individuals | <input type="checkbox"/> Families | <input type="checkbox"/> Groups | <input type="checkbox"/> Community |
| <input type="checkbox"/> Children (Birth to 12) | <input type="checkbox"/> Adolescents | <input type="checkbox"/> Adults | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> All Ages | <input type="checkbox"/> Administration | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Policy Practice |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Program Planning | <input type="checkbox"/> Research & Evaluation | |
| <input type="checkbox"/> Other (specify) _____ | | | |

MSW:
Agency: _____
Field Instructor: _____
Population Served: _____

BSW:
Agency: _____
Field Instructor: _____
Population Served: _____

Identify agencies or placement opportunities you are interested in learning about:

1. _____
2. _____
3. _____

Comments: _____

Identify 3-5 insights you have gained about yourself during your foundation field practicum:

1. _____

2. _____

3. _____

4. _____

5. _____

Identify 3-5 areas of professional development you would like to focus on in your advanced field practicum:

1. _____

2. _____

3. _____

4. _____

5. _____

Please return this form to the School of Social Work and schedule an appointment with the Director of Field Education no later than May 1, 2007 to discuss your placement options.

Completion of these questions and your signature are required for Field Placement

Criminal History: Have you ever been adjudicated or convicted of a violation of ANY local, state, federal, Canadian, or International law (other than non-moving motor vehicle violations)?

_____ No _____ Yes *(If yes, please provide details)*

Substance Abuse & Addiction: Are you presently addicted to or excessively using alcohol, narcotics, barbiturates, or other habit forming drugs, or abusing prescription medications?

_____ No _____ Yes *(If yes, please provide details)*

Driver's License: Has your Driver's License EVER been suspended or revoked at any time?

_____ No _____ Yes *(If yes, please provide details)*

Professional License: Have you EVER had a professional license suspended or revoked?

_____ No _____ Yes *(If yes, please provide details)*

Sign only ONE of the following release of information statements:

YES, I DO grant permission to the CSU, Chico School of Social Work to release the information provided in this application to potential field placement agencies and organizations. I understand this permission will expire in 12 months from the date of my signature, unless I revoke it sooner. This release may be revoked at any time by written request to the Director of Field Education.

Student Signature

Date

NO, I DO NOT grant permission to the CSU, Chico School of Social Work to release the information provided in this application to potential field placement agencies and organizations.

Student Signature

Date

Please indicate below the address you would like your field placement confirmation letter sent to in August.
