Application for Student's Fieldwork

CAPITAL UNIVERSITY
DEPARTMENT OF SOCIAL WORK

Students must register for SWK 460 & SWK 463 concurrently with SWK 462 (fall)
Students must register for SWK 461 & SWK 465 concurrently with SWK 464 (spring)

PERSONAL DATA:

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID# ____________________________</th>
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<tbody>
<tr>
<td></td>
<td>Student E-Mail __________________________</td>
</tr>
<tr>
<td>Home Address</td>
<td>Phone Number</td>
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<tr>
<td></td>
<td>Home: __________________________________</td>
</tr>
<tr>
<td></td>
<td>Cell: __________________________________</td>
</tr>
<tr>
<td>Permanent Address</td>
<td>Place of Employment/Address</td>
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Are there any special needs regarding physical mobility or other limitations?

________________________________________________________________________

Will you have a car at your disposal for your Field Placement assignment?

☐ Yes  ☐ No

Do you have a valid driver’s license?

☐ Yes  ☐ No

If yes, give state:   Expiration date:

____________________  __________________________

Do you have medical insurance?

☐ Yes  ☐ No
Person to be notified in case of emergency:

Name and Address __________________________________________________________

Relationship to you ________________________________________________________________________________

Phone Number ____________________________ Alternate Phone Number ____________________________________________

______________________________________________________________

Write a brief description of your current personal and professional development and what you hope to gain from Field Work.

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Do you have any interest, hobbies or special skills or knowledge that might be an asset to the field experience (i.e., sign language)

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

What do you see as your strengths and weaknesses at this point related to your readiness for field placement?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
Mark the 3-5 areas in which you wish to be placed in order of preference with the understanding that your first choice may not be available. (For first choice, place #1, for second choice #2, etc.).

- Adult Welfare (Abuse/Neglect)
- Adult Welfare (Financial/Material Need)
- Child Welfare (Abuse/Neglect)
- Child Welfare (Financial/Material Need)
- Child & Adult Welfare (Abuse/Neglect)
- Child & Adult Welfare (Financial/Material Need)
- Corrections
- Developmental Disability
- Developmental Disability & Mental Retardation
- Developmental Disability, Mental Retardation & Emotional Problems
- Drug & Alcohol Abuse
- Employment/Unemployment Concerns
- Family Transition
- Health Services (Hospitals, Hospice, AIDS)
- Health Services (Public Health, AIDS Advocacy)
- Information/Referral Needs
- Juvenile (Delinquency)
- Mental/Emotional Problems
- Public Housing Needs, Homeless
- Problems/Issues Related to Blindness
- Problems/Issues Related to Deafness
- Problems/Issues Related to the Elderly
- Occupational Training/Retraining Needs
- Nursing Home/Senior Center
- Other (Describe)

Please indicate the organization/agency, in order of preference, in which you would like to serve your Field Placement.

1. _________________________________________________________________

2. _________________________________________________________________

3. _________________________________________________________________
Please describe as specifically as possible the leaning opportunities you would hope to experience in you Field Placement.

List top three areas in which you would like to do your internship:

1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

Academic Preparation

The prerequisite requirements for eligibility for Field Placement in Social Work have been met by the above named student as follows:

Overall GPA _____ GPA in SWK Major ______ Overall Credit Hours Completed ______

Approval of formal acceptance into the Social Work Program

☐ Yes ☐ No

If yes, attach the letter: ____________________________________________
If no, state reasons: ____________________________________________

COURSES Please indicate grade for each Social Work course you have completed. If transferred from another institution, put TE. Attach Capital University’s Academic Evaluation. (go online and use Web Advisor to obtain a copy of Academic Evaluation)

<table>
<thead>
<tr>
<th>COURSE</th>
<th>GRADE</th>
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<tbody>
<tr>
<td>Pre Professional Development or equivalent (SWK 100)</td>
<td></td>
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<tr>
<td>Introduction to Social Work and Social Welfare (SWK 200)</td>
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<tr>
<td>Diversity of People in the USA (SWK 227)</td>
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<tr>
<td>Social Science Statistics (SoSci 210)</td>
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Social Science Research Method (SoSci 220)  
Human Behavior in the Social Environment I (SWK 335)  
Human Behavior in the Social Environment II (SWK 336)  
Social Welfare Policy (SWK 353)  
Social Work Practice I (SWK 370)  

- Return 2 copies of your completed application to the Director of Field Education and make an appointment for an interview.

I hereby authorize release of this information and other pertinent information necessary to appropriate agencies considering me for Field Placement as well as my field agency after I begin my Field Placement.

__________________________________  _________________
Student Signature     Date

__________________________________  _________________
Director of Field Education     Date

☐ Approved  ☐ Not Approved  ☐ Deferred