

AGENCY APPLICATION FORM

BSW/MSW Field Instructors

[illegible]

Type of Agency:

Please check as many as applies to your Agency:							
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Physical Disabilities	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	School
<input type="checkbox"/>	Developmental Disabilities	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Occupational	<input type="checkbox"/>	Gerontology
<input type="checkbox"/>	Forensic	<input type="checkbox"/>	Health Care	<input type="checkbox"/>	Child Welfare	<input type="checkbox"/>	Public Welfare
<input type="checkbox"/>	Chemical Dependency	<input type="checkbox"/>	Youth Services	<input type="checkbox"/>	Adult Welfare	<input type="checkbox"/>	Corrections

Service Setting

Please check as many as applies to your Agency:							
<input type="checkbox"/>	Inpatient Services	<input type="checkbox"/>	Outpatient Services	<input type="checkbox"/>	Residential Care Facility	<input type="checkbox"/>	Home-Based Services
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Day Treatment
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Community Based Social Services

Hours of Operation

Please check as many as applies to your Agency:			
	Morning Hours of Operation	Afternoon Hours of Operation	Evening Hours of Operation
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Agency Services Provided

Please check as many as applies to your Agency:			
<input type="checkbox"/>	Home visits	<input type="checkbox"/>	Short-term services
<input type="checkbox"/>	Individual services	<input type="checkbox"/>	Long-term services
<input type="checkbox"/>	Couples services	<input type="checkbox"/>	Crisis intervention
<input type="checkbox"/>	Family services	<input type="checkbox"/>	Psychotherapy
<input type="checkbox"/>	Bio-psycho-social assessments	<input type="checkbox"/>	Milieu treatment
<input type="checkbox"/>	Group work	<input type="checkbox"/>	Case management
<input type="checkbox"/>	Multi-axial diagnoses	<input type="checkbox"/>	Court Coordinator
<input type="checkbox"/>	Psycho-education	<input type="checkbox"/>	Information and referral
<input type="checkbox"/>		<input type="checkbox"/>	Interdisciplinary collaboration
<input type="checkbox"/>		<input type="checkbox"/>	Treatment planning
<input type="checkbox"/>		<input type="checkbox"/>	Discharge planning
<input type="checkbox"/>		<input type="checkbox"/>	Program evaluation
<input type="checkbox"/>		<input type="checkbox"/>	Policy advocacy
<input type="checkbox"/>		<input type="checkbox"/>	Research
<input type="checkbox"/>		<input type="checkbox"/>	<i>Other:</i>
<input type="checkbox"/>		<input type="checkbox"/>	<i>Other:</i>

Populations Served

The BSW/MSW program adheres to accreditation mandates that students commit themselves to seeking social and economic justice for all vulnerable populations, as identified by race, class, gender, color, ethnicity, immigration status, language, culture, religious preference, sexual orientation, geography, age, disability status, or political ideology. Below, please describe the client population served by your Agency.

Agency Activities Available to BSW/MSW Field Students

Please check as many as applies to your Agency:

<input type="checkbox"/>	Home visits	<input type="checkbox"/>	Short-term services	<input type="checkbox"/>	Interdisciplinary collaboration
<input type="checkbox"/>	Individual services	<input type="checkbox"/>	Long-term services	<input type="checkbox"/>	Treatment planning
<input type="checkbox"/>	Couples services	<input type="checkbox"/>	Crisis intervention	<input type="checkbox"/>	Discharge planning
<input type="checkbox"/>	Family services	<input type="checkbox"/>	Psychotherapy	<input type="checkbox"/>	Program evaluation
<input type="checkbox"/>	Bio-psycho-social assessments	<input type="checkbox"/>	Milieu treatment	<input type="checkbox"/>	Policy development
<input type="checkbox"/>	Group work	<input type="checkbox"/>	Case management	<input type="checkbox"/>	Research
<input type="checkbox"/>	Multi-axial diagnoses	<input type="checkbox"/>	Court Coordinator	<input type="checkbox"/>	Program development
<input type="checkbox"/>	Psycho-education	<input type="checkbox"/>	Information and referral	<input type="checkbox"/>	<i>Other:</i>
<input type="checkbox"/>	Community education	<input type="checkbox"/>	Grant writing	<input type="checkbox"/>	<i>Other:</i>

Agency Meetings

Please describe any meetings that may be required or recommended for BSW/MSW students placed in your Agency (e.g., multi-disciplinary treatment meetings, staffings, rounds, case conferences, departmental meetings, group supervision, staff development opportunities, etc.).

Agency Requirements

<i>Please indicate any of the following requirements your Agency has for BSW/MSW field students.</i>					
	Medical clearance		Tuberculosis TB test		Drug testing
	Proof of legal residence		Criminal Background Check		Resume
	Fingerprinting		Other:		Other:

Stipends and Fellowships

<i>If your Agency offers stipends or fellowships to BSW/MSW Students, please name and describe the qualifications and application process below.</i>

Transportation

<i>Please describe the location of your Agency and access to public transportation, if any.</i>

Disabilities Accommodations

<i>Please describe your Agency's accommodations for BSW/MSW Students with disabilities.</i>

Agency Census

<i>Please describe the average number of clients receiving social work services throughout the year.</i>

Number of BSW/MSW Students Accepted by the Agency Each Semester

Please describe the number of BSW/MSW Students your Agency accepts each semester. Please include information on other BSW/MSW programs from which you accept BSW/MSW Students.

Other Pertinent Information

Please describe any other information you believe the BSW/MSW Program and its graduate students should know about your Agency.

Please attach any brochures or information about your Agency that the BSW/MSW Field Program can keep on file for students seeking a field placement. Thank you very much for your support of our BSW/MSW program.

Signature of the Educational Coordinator of the Agency

Date

Signature of the BSW/MSW Field Coordinator

Date

*****DO NOT WRITE BELOW THIS LINE*****

Comments:

Signature of BSW/MSW Field Coordinator

[Date]