**ALBANY STATE UNIVERSITY**

**DEPARTMENT OF SOCIAL WORK**

**OFFICE OF BSW/MSW FIELD INSTRUCTION**

***AGENCY APPLICATION FORM***

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| --- |
| **Agency Name** |
| **Division/Unit** |
| ***Please check one:*** |
| **Public Agency:**  | **Voluntary/Non-Profit:**  | **Private/For Profit:** |
| **Name/Title of Agency Director** |
| **Address** | **Telephone Number(s)** |
| **Fax Number** | **Email Address** |
| **Name/Title of Educational Coordinator****(*Person who serves as the main contact******For the BSW/MSW Field Experience program)*** | **Telephone Number** |
| **Email Address** |

***BSW/MSW Field Instructors***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ***Name of BSW/MSW Field Instructor*** | ***BSW Degree?*** | ***Year Graduated******With BSW*** | ***MSW Degree?*** | ***Year******Graduated w/MSW*** | ***Name of College/University*** | ***Georgia******LMSW or LCSW*** | ***E-mail Address*** | ***Previous Field******Instructor*** |
| ***Y*** | ***N*** | ***Y*** | ***N*** | ***Y*** | ***N*** | ***Y*** | ***N*** |
| ***1.*** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***2.*** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***3.*** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***4.*** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***5.*** |  |  |  |  |  |  |  |  |  |  |  |  |  |

***Type of Agency:***

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| ***Please check as many as applies to your Agency:*** |
|  | Mental Health  |  | Physical Disabilities |  | Psychiatric |  | School |
|  | Developmental Disabilities |  | Domestic Violence |  | Occupational |  | Gerontology  |
|  | Forensic |  | Health Care |  | Child Welfare |  | Public Welfare |
|  | Chemical Dependency |  | Youth Services |  | Adult Welfare |  | Corrections |

***Service Setting***

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| ***Please check as many as applies to your Agency:***  |
|  | **Inpatient****Services** |  | **Outpatient****Services** |  | **Residential****Care Facility** |  | **Home-Based** **Services** |  | **Day Treatment** |  | **Community Based Social Services** |

***Hours of Operation***

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| --- |
| ***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***

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

***Populations Served***

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| ***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.*** |
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***Agency Activities Available to BSW/MSW Field Students***

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| ***Please check as many as applies to your Agency:*** |
|  | Home visits |  | Short-term services |  | Interdisciplinary collaboration |
|  | Individual services |  | Long-term services |  | Treatment planning |
|  | Couples services |  | Crisis intervention |  | Discharge planning |
|  | Family services |  | Psychotherapy  |  | Program evaluation  |
|  | Bio-psycho-social assessments |  | Milieu treatment |  | Policy development |
|  | Group work |  | Case management |  | Research  |
|  | Multi-axial diagnoses |  | Court Coordinator  |  | Program development |
|  | Psycho-education  |  | Information and referral |  | *Other:* |
|  | Community education |  | Grant writing |  | *Other:* |

***Agency Meetings***

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| ***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.).*** |
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***Agency Requirements***

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

***Stipends and Fellowships***

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| ***If your Agency offers stipends or fellowships to BSW/MSW Students, please name and describe the qualifications and application process below.*** |
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***Transportation***

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| ***Please describe the location of your Agency and access to public transportation, if any.*** |
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***Disabilities Accommodations***

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| ***Please describe your Agency’s accommodations for BSW/MSW Students with disabilities.*** |
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***Agency Census***

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| ***Please describe the average number of clients receiving social work services throughout the year.*** |
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***Number of BSW/MSW Students Accepted by the Agency Each Semester***

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| ***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.*** |
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***Other Pertinent Information***

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

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**Signature of the Educational Coordinator of the Agency Date**

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**Signature of the BSW/MSW Field Coordinator Date**

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

**Comments:**

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**Signature of BSW/MSW Field Coordinator [Date]**