

**SOCIAL WORK PROGRAM**

**Field Practicum Application**

Name: Date:

Address:

Home Phone: Work Phone:

E-Mail K#:

Local Street Address or Box #:

City: State: Zip:

DOB: Marital Status:

Driver’s License Number and State:

Will you have reliable transportation during the practicum?

Educational Background:

Work Experience:

Interests and Hobbies:

Strengths/Qualifications for the Practicum:

Weaknesses/Learning needs from the Practicum Agency:

Type of Supervision Desired:

Notice: Please submit a complete, professionally written, resume and an unofficial transcript with this application.

**Personal Information**

Do you speak/write/understand a language other than English (specify language and proficiency

level)?

Current Employer:

Hours/Week:

Will you work during your practicum:

Hours/Week:

Emergency Contact Information (other than your home address and phone number):

Name: Phone:

Address:

Relationship:

**Work Experience**

Briefly list any volunteer experiences, including the name of the agency, dates of involvement,

and types of responsibilities you were involved with:

Briefly describe your paid work experience, including the name of your employer, location, dates

of employment, and type of work performed, beginning with the most current:

**Potential Practicum Interests**

Many students have a particular population or setting in which they are interested in gaining experience. Please number your top five areas of interest. Your top area of interest will be #1, your second will be #2, and so forth:

\_\_\_\_\_ Aged/Elderly \_\_\_\_\_ Alcohol/Substance Abuse \_\_\_\_\_ Child Welfare (CPS)

\_\_\_\_\_ Criminal Justice \_\_\_\_\_ Family Services \_\_\_\_\_ Children

\_\_\_\_\_ Adolescents \_\_\_\_\_ Medical/Health \_\_\_\_\_ Hospice

\_\_\_\_\_ Mental Health \_\_\_\_\_ Rehabilitation \_\_\_\_\_ Women’s Services

\_\_\_\_\_ Homelessness \_\_\_\_\_ Community Development/Administration

\_\_\_\_\_ Other (specify):

In what area of social work would you like to practice upon graduation?

**Geographic Preferences:**

\_\_\_\_\_ Kingsville, Texas

\_\_\_\_\_ Corpus Christi, Texas

\_\_\_\_\_ Other (specify):

Special Conditions - Please provide any additional information that would be helpful in making your practicum placement assignment (i.e., employment during semester, night or weekend hours needed, travel or financial limitations, etc.):

After reviewing available placements on our website, please list the top 4 agencies in which you have an interest or at which you would like to complete your field practicum:

**Life Issues, Personal and Professional Development**

Please answer the following questions openly and honestly. Your responses will be helpful to the Social Work Field Education Coordinator in assessing your appropriateness for admittance to the practicum experience, making decisions regarding recommended practicum settings, and for discussing your strengths and weaknesses as a future social worker.

1. Have you ever been party to a civil lawsuit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain and elaborate:

1. Have you ever been arrested or convicted of a misdemeanor or felony?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain & elaborate:

1. How would you describe your physical health status?

(Please include any physical limitations/challenges you may have which might affect

your placement in certain practicum settings.)

1. Have you ever received counseling, therapy or treatment related to an emotional or mental health issue or problem? \_\_\_\_\_ Yes \_\_\_\_\_ No

 If yes, please explain & elaborate.

1. Do you currently have any emotional, mental, or behavioral issues for which you have not sought treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No

 If yes, please explain & elaborate.

1. How would you describe your childhood and family of origin? What influence has this

had on you today?

1. What significant life events have you experienced?

1. Besides school, what other areas of interest (or involvement) do you have?

1. How would you describe yourself? Include an assessment of your strengths and

weaknesses.

1. How do you think others see you?

1. What causes you stress, how do you respond when stressed and what coping

mechanisms do you use?

1. Describe what skills you would like to further develop in your practicum experience,

what your expectations are, and what most concerns you about your practicum

experience:

1. Describe your social work knowledge and skills:

1. Describe how your values fit with the social work profession:

**Practicum Requirements and Student Commitment**

Please initial each statement indicating you meet the stated requirements:

\_\_\_\_ 1. I verify that all information contained in this application is true and accurate; and that I have fully disclosed all relevant information.

\_\_\_\_ 2. I have attached the most recent copy of my transcript and have completed all Social Work courses which are identified as prerequisites for the practicum course, or I have discussed any exceptions with the Social Work Program Director and have obtained such exceptions from the Social Work Program Director in writing.

\_\_\_\_ 3. I understand that my application will be reviewed and discussed by the Social Work Field Education Director determine my readiness for the practicum experience.

\_\_\_\_ 4. I understand that my application will be released to assigned Field Instructors and I give my consent to release all information contained herein.

\_\_\_\_ 5. I agree to comply with all the requirements of the practicum experience, prior to and during the actual placement, as stipulated in the Social Work Field Education Manual.

\_\_\_\_ 6. I have read the NASW Social Work Code of Ethics, the Texas State Board of Social Worker Examiners’ Code of Conduct and Standards of Practice, and agree to abide by these Codes at all times.

\_\_\_\_7. I agree to report any changes that may occur in my criminal history, mental or physical health status during field placement to the Social Work Field Education Director. I understand that this information may be released to Field Instructors and give permission for such release.

I understand that violation of any of the above stated requirements may result in my disapproval, suspension, or removal from the practicum experience.

Student Signature Date

Social Work Field Education Director Date