**BACCALAUREATE SOCIAL WORK EDUCATION PROGRAM**

**DEPARTMENT SOCIAL WORK**

**COLLEGE OF ARTS AND SCIENCES**

**UNIVERSITY OF ALABAMA AT BIRMINGHAM**

### Field Practicum Application Packet

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Package Contents**

**Checklist**

**\_\_\_\_\_\_ Academic Advisor’s Review**

**\_\_\_\_\_\_ Practicum Planning Guide**

**\_\_\_\_\_\_ Copy of Driver’s License and Automobile Insurance Card**

**\_\_\_\_\_\_ Medical Insurance Verification Form**

**\_\_\_\_\_\_ Personal Resume**

**\_\_\_\_\_\_ Faculty Observation Sheet (will be obtained by the Department from instructors in SW 322 and 422)**

**Academic Advisor’s Review for Field Application**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_ Does this student have an overall grade point average of 2.25 and a Social Work grade point average of 2.5 or better.**

**\_\_\_\_\_ Has this student completed the prerequisite coursework for SW490?**

**\_\_\_\_\_ Has this student developed a plan for completing coursework for graduation?**

**Comments:**

**Advisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Field Practicum Planning Guide**

**Identifying Information**

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**1. Student’s Name and Address:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2a. E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Anticipated Field Practicum Start – Academic Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Local Telephone(s): Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Person:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_**

**6. Are you currently working in addition to attending school?**

**Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you plan to continue working during the period of your field practicum?**

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**Yes\_\_\_\_\_ No\_\_\_\_\_\_**

**If yes, with this same employer? Yes\_\_\_\_\_ No\_\_\_\_\_**

**If yes, give name, address, and telephone number of employer (if known at this time)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Dependent Children: Number\_\_\_\_\_\_\_\_\_\_\_\_**

**Ages\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Other Persons Dependent on You**

**Number\_\_\_\_\_\_**

**Ages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Experiences Relating to Social Work Practice**

**9. Please list and describe any/all volunteer experience(s) you have had or are presently having.**

**10. Please list and describe any/all civic or professional organizations in which you are or have been actively involved.**

**11. Please describe any/all special skills, hobbies, interests, or talents you possess that you feel you could teach to others.**

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**12. List your agency or client group practicum site preferences**

**13. Discuss areas/issues of Social Work Practice which you want to study further or learn more about during the course of your practicum experience.**

**Field Practicum Transportation**

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**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**14. Will you have you own transportation to get you to and from the practicum setting and to use during the course of practicum activities?**

**Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_**

**If No, what transportation arrangement options are available?**

**15. Do you have a valid and current Alabama’s Driver License?**

**Yes\_\_\_\_\_\_ No\_\_\_\_\_\_**

**Do you have another state’s driver’s license? Yes\_\_\_\_ No\_\_\_\_\_**

**If Yes, which state\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Attach a copy of your driver’s license with this application.**

**16. Do you have liability insurance coverage on your vehicle? Yes\_\_\_\_\_ No\_\_\_\_\_**

**\*Attach a copy of your automobile insurance card with his application.**

**17. Have you ever been involved in a traffic/automobile accident?**

**Yes\_\_\_\_\_ No\_\_\_\_\_**

**Health and Professional Liability Insurance**

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**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**18. Health Insurance**

**Do you have health insurance? Yes\_\_\_\_\_ No\_\_\_\_\_**

**\*If Yes, attach copy of current coverage/ card.**

**If No, remember, you must have personal health insurance coverage before you can enter the Field Practicum.**

**19. Professional Liability Insurance**

**Are you covered by professional liability insurance? Yes\_\_\_\_\_ No\_\_\_\_\_**

**Students will be charged an additional fee when you register for SW 490, the Field Practicum.**

**Field Practicum Planning Guide**

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**Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\* CONFIDENTIAL \*\*\***

**The following information is needed to be sure that students in the field practicum are appropriately placed in agency settings. The information also is used to assess students’ needs for additional advising and assistance from social work faculty members. Please check all of following items as they apply to you and be prepared to discuss those items you mark “Yes” with the Field Faculty. All items checked and information given pertaining to those items will be kept in strictest confidence. However, some of the information may be shared with social work faculty members when necessary to finalize practicum plans.**

**21. Employment Problems**

**Ever been fired from a job? Yes\_\_\_\_ No\_\_\_\_**

**Ever been on job probation? Yes\_\_\_\_ No\_\_\_\_**

**Ever had frequent absences? Yes\_\_\_\_ No\_\_\_\_**

**Ever had frequent tardiness? Yes\_\_\_\_ No\_\_\_\_**

**22. Legal Problems**

**Ever had any misdemeanor convictions? Yes\_\_\_\_ No\_\_\_\_**

**Ever had any felony convictions? Yes\_\_\_\_ No\_\_\_\_**

**Ever had any DUI/SWI? Yes\_\_\_\_ No\_\_\_\_**

**Ever had any Period(s) of Incarceration? Yes\_\_\_\_ No\_\_\_\_**

**23. Substance Abuse Problems**

**Ever had problems with alcohol or drug use? Yes\_\_\_\_ No\_\_\_\_**

**24. Personal Disability**

**Do you require any adaptive equipment or environmental modifications to facilitate your participation in school or work activities? Yes\_\_\_\_ No\_\_\_\_**

**25. Are there any other special circumstances affecting you which might influence your placement site selection or your performance in the fieldwork experience, such as mental or emotional problems or history of relationship difficulties with spouse or children? Yes\_\_\_\_ No\_\_\_\_**

**Field Practicum Planning Guide**

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**Statement of Understanding**

**Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand that fieldwork is an integral component of the social work education process. My competence in fieldwork will be assessed by academic as well as nonacademic standards that include ethical and interpersonal capabilities relating to my ability to interact positively and effectively with clients or patients. I further understand that I am bound to conduct myself in accordance with the principles and standards of the Code of Ethics of the National Association of Social Workers.**

**The above information is true and complete to the best of my knowledge. I understand that falsifying any of this information may result in exclusion from the fieldwork experience.**

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Field Faculty’s Remarks:**

## Appendix B-1

**BACCALAUREATE SOCIAL WORK EDUCATION PROGRAM**

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### Additional Course Request for Field Placement

Per the BSW Student Handbook, students must have completed the prerequisite coursework for SW 490.

Any student wishing to take one additional course while in field placement must make a formal request to the BSW Field Faculty. This request should be attached to the Field Application Packet. Field Faculty will review the request and will notify student of determination during the Student-Field Faculty initial meeting.

Please note, students are not allowed to take SW 422 at the same time as field placement.

**The student should fill out this form and attach a formal letter.**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional course requesting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The formal letter attached should be typed and address the following:

1. Explain why an additional course is needed.
2. State how and when course will be taken (online, evening, etc.).
3. State plan for achieving success in Field while taking additional coursework. Detail other responsibilities outside of field and reflect time management strategies that will be employed.