

SALEM STATE UNIVERSITY SCHOOL OF SOCIAL WORK  
Graduate Field Education Office

**APPLICATION FOR FIELD PLACEMENT**

Placement requested is for: SWK721-22 (MSW I) Academic Yr. \_\_\_\_\_ Summer Block \_\_\_\_\_

SWK841-42 (MSW II) Academic Yr. \_\_\_\_\_ Summer Block \_\_\_\_\_

**Or: Advanced-Standing (May-May) \_\_\_\_\_**

My concentration is: Child/Family \_\_\_\_\_ Health/Mental Health \_\_\_\_\_ Older Adults \_\_\_\_\_

1. Your full name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Do you plan to apply to Financial Aid, for work-study funds, which can be used at your internship? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Your current address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

Cell phone No: \_\_\_\_\_ *Circle which number is best to reach you.*

E-Mail Address: \_\_\_\_\_ FAX No: \_\_\_\_\_

3. Mailing address if different from (2) above: \_\_\_\_\_  
\_\_\_\_\_

4. Educational background:

<u>Degree/Certificate</u>	<u>Institution</u>	<u>Major</u>	<u>Date Completed</u>
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BA/BS \_\_\_\_\_

BSW \_\_\_\_\_

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

Certificate of Training or Mass Practice License (eg., CDAC, LSW)  
(identify) \_\_\_\_\_

5. Fluency in \_\_\_\_\_ language (other than English)  
(identify)

6. Will you have access to an automobile this School year? Yes \_\_\_\_\_ No \_\_\_\_\_

\*(OVER)\*

7. Have you ever been convicted of a felony or have a criminal record (CORI) in Massachusetts or any other state? Indicate which state if not MA. \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. Have you ever been investigated by the Dept. of Children & Family or any other state agency?  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Identify any special circumstances which need to be considered with regard to field placement (sensory or physical limitations, home responsibilities, financial constraints, or others)
11. Are you planning to do an internship at your place of employment?  
Yes \_\_\_\_\_ No \_\_\_\_\_
12. Is location a major consideration for you in field agency placement?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:
13. Do you have any strong negative or positive feelings about the type of agency where you might be placed? If so, note below briefly:
14. Days/times on campus, especially for spring semester
15. What kinds of learning experiences do you hope to have in your field placement?
16. If a working student, what plans have you made to decrease or flex your working hours in order to complete field education hours?

**Come prepared to discuss experiences different than what you have had, strengths and gaps in your skills, new settings and populations and your career goals.**

## **RESUME MUST BE ATTACHED TO THIS FORM**

**And e-mailed to Field Placement Specialists:**

**[sgoldman@salemstate.edu](mailto:sgoldman@salemstate.edu) or [ndreeben@salemstate.edu](mailto:ndreeben@salemstate.edu)**

*I am aware that many agencies are required to request Criminal History Record checks prior to approving student placement. I am aware that some Concentrating Year placements may require 24 vs. 20 hours weekly. I am aware that some placement agencies may require health clearances prior to beginning placement for which I am responsible. I am also aware that my resume and information about my educational and professional experience will be shared and often transmitted electronically to prospective field education agencies.*

Your signature \_\_\_\_\_ Date \_\_\_\_\_