**WEST CHESTER UNIVERSITY - DEPARTMENT OF SOCIAL WORK**

**FIELD INSTRUCTOR APPLICATION**

**Name:** First Name Last Name (Maiden Name (if applicable))

**Title/Position:** Title/Position

**Work Phone:** Work Phone **Other Phone:** Other Phone

**E-mail Address:** Email Address

Starting with the MOST RECENT, list degrees received:

|  |  |  |
| --- | --- | --- |
| **Degree** | **College/University** | **Year Graduated** |
| Click or tap here to enter text. | Click or tap here to enter text. | Date |
| Click or tap here to enter text. | Click or tap here to enter text. | Date |
| Click or tap here to enter text. | Click or tap here to enter text. | Date |

List Licenses and Certificates received:

|  |  |  |
| --- | --- | --- |
| **License/Certificate** | **Issue by** | **Year Issued** |
| Click or tap here to enter text. | Click or tap here to enter text. | Date |
| Click or tap here to enter text. | Click or tap here to enter text. | Date |

**Name of Site Agency and Department:** Name of Site Agency - Name of Department

**Site Address:** Street Address, City, State Zip

**Education Experience:**

1. Do you have 2 or more years work experience in social work since the completion of the degree indicated above?  Yes  No

2. If no, how many years prior to the completion of the degree indicated above have you worked in social services? Enter number of years years.

**Supervisory Experience:**

1. Have you previously attended SIFI (Seminars in Field Instruction) at West Chester University or another institution?  Yes  No

2. How many students have you supervised in the past?

# BSW\* Students # MSW\* Students # Other Students: Students’ area of studies

**Tell us about your agency! Please check all that apply.**

Population (Please select all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
| Children / Youth  (birth – 12 years) | Adolescents (13-21 years) | Adults (22-64 years) | Seniors (65+ years) |
| Families | LGBTQ | Men | Women |

Practice Area (Please select all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
| Advocacy | Discharge Planning | Mediation | Prevention Education |
| Case Management | Grant Writing / Funding | Mentoring | Program Development |
| Community Organizing / Development | Group Work | Outreach/Prevention | Program Evaluation / Research |
| Counseling | Information and Referral/ Basic Services | Policy Practice | Direct Practice |
| Macro Practice |

Setting Type (Please select all that apply):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Abuse / Neglect | Criminal Justice | Health Clinic | Medical | Rehabilitation |
| Addictions | Crisis Intervention | HIV | Legal Services | Residential |
| Adoption / Foster Care | Developmental Disabilities | Hospice / Palliative Care | Mental Health | School |
| After-School Program | Domestic / Family Violence | Hospital | Nursing Home | Senior Services |
| Cognitive | Global / International | Housing / Homelessness | Out-Patient | Veterans Services |
| College Counseling | Grief / Bereavement | Immigration / Refugee | Physical | Other: Other |
| Community Center | Early Intervention | In-Patient | Prison / Re-Entry | Other: Other |

Please indicate which of the following are required for this field placement:

|  |  |  |  |
| --- | --- | --- | --- |
| Car | Auto Insurance | Health Insurance | Reference Letters |
| Competitive Interview | HIPPA Training | Drug Screening | Religious Statement |
| Other Language(s): List Languages | OSHA/BBP | Physical | WCU Verification Letter |
| Pre-semester orientation | CPR | FBI Clearance | OIC Verification |
| General Liability Insurance.  How much? $amount | Hepatitis B Test | TB Test | Other: Please list requirements not already listed |

Other:

Do you have evening hours available (after 4pm) for student placements?  Yes  No

Do you have weekend hours available for student placements?  Yes  No

Will mileage be reimbursed?  Yes  No Will a stipend be provided?  Yes  No

Anything else we should know? Click or tap here to enter text.

Thank you for your partnership with West Chester University in developing the next generation of social workers!

\*\*\*\*Due to CSWE policies, we need to have verification of your degree. \*\*\*\* Please attach a copy of your current resume

Electronic Signature: First Name Last Name Date submitted: Date.