**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.