

Place of Employment Field Placement Application

To apply to have a Field Placement at your employment site you must receive prior approval.

Please complete the following application to be considered for a placement in your current place of employment. (The assumption is that the worksite agency and the field instructor have already been approved by the field director.) This application needs to be submitted to the Director of Field Education as part of your Field Application Packet.

Student is to complete the top portion of this form

1. Student's Name: _____
2. Name of Employer: _____
3. Current number of hours you work per week: _____
4. Name of current Employment Supervisor: _____
5. Current Employment Supervisor's phone number and email address:

6. Name of current Department: _____
7. Name of Department you are requesting to do Field Placement, if known:

8. Briefly describe the reason for requesting field placement at your place of employment:

9. Do you have any prior relationship with the requested Field Instructor? (e.g., *friendship, relative, therapist/client*) Yes ____ No ____
Please specify: _____

The next section is to be completed by your proposed Field Instructor:

Field Instructor Name & Degree/Credentials:

Telephone number: _____

Email address: _____

Describe any new learning experiences this department has to offer that differ from student's current work experience.

Have you ever supervised this student before? Yes ____ No ____

If yes, please explain: _____

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Supervisor for Field Instructor Name & Degree/Credentials:

Telephone number: _____

Email address: _____

List the *proposed schedule (time of day)* for the Field Placement hours and proposed Work Hours.
(Total number of weekly hours for **BSW and MSW Foundation Field Placement** are **14** and **MSW Advanced Standing** is **16**).

Work Hours

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

Field Placement Hours

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

The signatures below confirm that all information provided on this application has been read and is true to the best of your knowledge. Undersigned parties agree that the responsibilities of the student as an employee and as a Student Intern will be divided as indicated and that the designated timeframes for each of these responsibilities will be followed. If the Worksite Placement is approved, the information provided in this application will be incorporated into the **official learning contract**. Any significant changes may affect the ability of the worksite to be approved.

Student Signature

Date

Current Workplace Supervisor Signature

Date

Field Instructor Signature

Date

Supervisor for Field Instructor Signature

Date

GSU Director of Field Education Approval

Date