

# Internship Application for Place of Employment

**To apply to have an internship placement at your employment site you must be approved.** Please complete the following application to be considered for a placement in your present worksite. (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 social work office 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 supervisor: \_\_\_\_\_
5. Name of current department: \_\_\_\_\_
6. Name of department you are requesting, if known: \_\_\_\_\_
7. Briefly describe the reason for requesting simultaneous field placement at your place of employment:  
\_\_\_\_\_
8. Have you had any prior relationship with the requested field instructor before?  
(e.g., *friendship, relative, therapist/client*)    Yes    No

The next section is to be completed by your field site supervisor

Field Supervisor's Name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Describe any new learning experiences this department has to offer:

Have you ever supervised this student before?    Yes\_\_\_ No\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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List the *proposed schedule* for the field internship hours and proposed work hours.  
(Total number of weekly hours for **BSW and MSW Foundation Field Practica** are **14**  
and **MSW Advanced Standing** is **16**).

Work hours

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

Practicum 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. Both undersigned parties agree that the responsibilities of the student as an employee and as an 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.

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Student signature

\_\_\_\_\_

Date

\_\_\_\_\_

Current supervisor signature

\_\_\_\_\_

Date

\_\_\_\_\_

Field Director's Approval

\_\_\_\_\_

\_\_\_\_\_