

**THE UNIVERSITY OF CONNECTICUT SCHOOL OF SOCIAL WORK
FIELD EDUCATION DEPARTMENT
1798 ASYLUM AVENUE
WEST HARTFORD, CT 06117-2698
Phone (860) 570-9161
Fax (860) 570-9311
AGENCY APPLICATION FOR FIELD PLACEMENT
Year _____**

PART I: AGENCY ADMINISTRATION

1. Please print or type the following information about your agency:

Name of Agency _____

Division/Regional Office _____

Department/Unit _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ E-mail _____

Agency Web Address: _____

Head of Agency _____ Title _____

Description of Services (do not exceed space provided): _____

2. Please print or type the following information about the field placement site. If you offer placement in more than one program or section of your agency, please complete a separate form for each different site.

Program/Section Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ E-mail _____

3. Please print or type the following information about the individual who should be contacted for all field placement activities at your agency.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ E-mail _____

4. Indicate the field placement experiences and assignments your agency can provide and the maximum number of students you can accommodate.

a. Place a check in the boxes next to the major methods your agency can provide.

- Casework
- Administration
- Policy Practice
- Groupwork
- Community Organization

b. Place a check in the boxes next to the year of field experience your agency can provide.

- Foundation Year (1st year)
- Advanced Year (2nd year)

Restrictions: _____

Restrictions: _____

c. Total number of students you can accept: _____

d. Identify any special factors to be considered in placing students with your agency:

5. Students may complete their field placements according to a concurrent or block schedule. However, only advanced year students are eligible for block placements. Please check all of the following field placement schedules your agency can provide.

- Concurrent with fall and spring semesters (15 or 20 hours per week, 560 hours total)
- Summer Block (16 weeks, 35 hours per week, 560 hours total)

6. A number of students have commitments that require them to complete their field placement hours in the late afternoon, evenings, or on weekends. Please check all types of field placement hours your agency can provide.

- Normal business hours: (Monday - Friday, 8:00 am - 5:00 pm)
- Evenings(Days & Hours available): _____
- Weekends (Days & Hours available): _____
- Other (please describe): _____

7. If your agency offers stipends for field placements, please provide the following information.

a. How many stipends do you offer? _____

b. What is the amount of the stipend? \$ _____

8. Please check all fields of practice in which your agency can provide placement experiences or assignments, identifying your primary field of practice by placing a before the box.

- | | |
|--|--|
| <input type="checkbox"/> Aging/Gerontology | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Occupational/Industrial Social Work (EAP) |
| <input type="checkbox"/> Community Planning/Organizing | <input type="checkbox"/> Political Social Work/Legislative |
| <input type="checkbox"/> Corrections/Criminal Justice | <input type="checkbox"/> Public Welfare |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Residential Services |
| <input type="checkbox"/> Family and Children Services | <input type="checkbox"/> School Social Work |
| <input type="checkbox"/> Group Services | <input type="checkbox"/> Substance Abuse/Addiction Services |
| <input type="checkbox"/> Health | <input type="checkbox"/> Women's Services |
| <input type="checkbox"/> International | <input type="checkbox"/> Other (please specify) |

FIELD INSTRUCTION

Please indicate below all staff persons who will be able to provide field instruction for this academic year. **Please note that first time field instructors of M.S.W. students must complete the Seminar in Field Instruction concurrent with the placement of a student.**

List Proposed Field Instructor/s	List Graduate Degree	SIFI Certification Please Y Below	Former Supervisor of M.S.W. Student/s Please Y Below	Vita Form on File w/SSW Please Y Below

First time field instructors to the School of Social Work (SSW) must complete a Field Instructor Vita Form included in this packet. Additional Vita forms and other field forms can be found at our **Website:** <http://www.ssw.uconn.edu> former SSW field instructors can use the form to provide the School with any additional or updated information.

AFFILIATION AGREEMENT

The **AFFILIATION AGREEMENT** is a contract between the School of Social Work and the Agency formalizing the conditions and responsibilities of each organization in the education and placement of graduate social work students. The term of this Agreement shall be effective indefinitely. Either the Facility or the University may terminate this Agreement at any time without cause.

Agency Signature

Authorized Signature _____ Title _____ Date _____
 Director or Designee Signature

*Please note that this is an application for student placement.
 It does not guarantee that a student will be placed with your agency.*

FIELD INSTRUCTOR VITA FORM

Date Completed _____

NAME OF FIELD INSTRUCTOR: _____
(as you want it to appear on your mailings)

Email Required: _____

ARE YOU A LICENSED SOCIAL WORKER? Yes No

IF YES, LIST LICENSING TITLE (i.e., LCSW): _____

NAME OF AGENCY: _____

DEPARTMENT/UNIT: _____

ADDRESS OF AGENCY: _____

CITY: _____ STATE: _____ ZIP: _____ Phone#: (_____) _____

FAX: (_____) _____

FIELD INSTRUCTOR FOR UCONN SCHOOL OF SOCIAL WORK (check one of the following):

Proposed ___ Current ___ Former ___ If you are a former field instructor, give most recent date: _____

GRADUATE EDUCATION				
	TYPE OF DEGREE	DATE RECEIVED	NAME OF UNIVERSITY	MAJOR CONCENTRATION
Master's Degree				
Doctoral Degree				

PROFESSIONAL EXPERIENCE			
Please list last three (3) social work positions:			
Agency	Employment Dates	Job Title	Summary of Duties (including social work methods practice)

SOCIAL WORK FIELD INSTRUCTION EXPERIENCE AND TRAINING

<u>GRADUATE SOCIAL WORK FIELD INSTRUCTION EXPERIENCE</u>			
Number of Students	Dates	Student Major Concentration/s	School/s Represented

SEMINAR IN FIELD INSTRUCTION COMPLETED: Yes No

If yes, Name of School _____

Name of Instructor _____

Date Completed _____

PROFESSIONAL ASSOCIATIONS



STUDENT EDUCATIONAL TRAINING

AFFILIATION AGREEMENT

BY AND BETWEEN

THE UNIVERSITY OF CONNECTICUT

School of Social Work

AND

This Affiliation Agreement (the "Agreement") is made by and between the University of Connecticut, School of Social Work (the "University") and _____ (the "Facility").

WHEREAS, the University of Connecticut is authorized to enter this Agreement under provisions of Sections 10a-104 and 10a-108 of the General Statutes of the State of Connecticut.

WHEREAS, the University desires to participate in a social work (the "Program") with the Facility, which provides social work students (the "Students") a field placement and,

WHEREAS, in an effort to support the educational objectives of the University to provide high-quality learning experiences for participating University Students, the Facility offers its services in support of the University's Program.

NOW THEREFORE, in consideration of the promises and the mutual covenants, agreements and undertakings hereinafter set forth, it is hereby AGREED:

1. EDUCATIONAL TRAINING PLAN, PHILOSOPHY AND IMPLEMENTATION

1.1 Philosophy and Objectives of the Program. The objectives of the Program are to: 1) prepare graduate social work students for careers as professional social workers through social work practice with clients and clients systems; 2) increase social work student's independent professional skills; and 3) increase knowledge of and access to community resources.

1.2 Education Training Program Plan/Implementation.

a. The University shall be responsible for providing the standards and required outcomes of its social work students' educational training experience.

b. The University shall submit to the Facility prior to the commencement of the student's field experience, a description of the educational field experiences needed by its social work students, the dates during which such experiences will be needed, the number of Students expected to participate in the field experience.

c. The University shall inform the Facility as soon as practicable of any changes in information previously provided to the Facility regarding the field education experience.

2. **TERM, AMENDMENT AND TERMINATION OF AGREEMENT.** The term of this Agreement shall be effective indefinitely. Either the Facility or the University may terminate this Agreement at any time without cause.

3. HOST FACILITY RESPONSIBILITIES

3.1 Experience. The Facility will accept, on mutually agreed upon terms, social work Students from the University for educational field experience.

a. The Facility shall provide the opportunity for qualified social work Students to perform educational training under the supervision of an MSW field instructor provided by the Facility in accordance with the terms of this Agreement. The MSW field instructor shall be responsible for the weekly supervision, instruction, and/or educational experience of the MSW Students, and shall at all times retain authority and responsibility for the delivery of patient care.

3.2 Equipment and Use of Facilities. The Facility shall provide office space for conferences connected with Student instruction and work with clients or client systems; phone access; and computer access.

3.3 Orientation for Faculty and Students. The Facility shall provide social work Students with relevant Facility information, including policies, procedures, and rules for which the social work Students must comply. The Facility will identify an individual, the social work student may go to if the MSW field instructor is not available.

3.4 Emergency Medical Care. The Facility will provide emergency medical care to social work Students who become ill or who are injured while on duty at the Facility. The cost of such care shall be the responsibility of the individual receiving it.

3.5 Required In-Services. The Facility will provide mandatory in-services to Students and Faculty in advance of the first experience. Mandatory in-services will include general safety, infection control, OSHA blood borne pathogens, TB, fire safety, hazardous materials, and use of electrical equipment.

4. UNIVERSITY RESPONSIBILITIES

4.1 Insurance. During the term of this Agreement, the University shall maintain professional liability insurance covering each student for his or her acts or omissions while participating in student curriculum activity at the Facility. A Certificate of Insurance will be provided to the Facility, indicating State professional liability coverage.

4.2 Compliance with Facility Rules. The University will advise Students and Faculty that they are required to comply with all rules and regulations of the Facility and instructions of Facility personnel.

4.3 Confidential Information. The University will advise its Students, Faculty, and University personnel that they must not disclose any confidential material or information connected with the Facility or any of its patients, except as required by federal or State law, including the Connecticut Freedom of Information Act (FOIA). The University shall also advise its Students and Faculty that they must comply with the Facility's policy on confidentiality.

4.4 Withdrawal of Students from the Field Placement. The University shall withdraw any Student from the Facility due to health, performance, or other reasons if such Student's continued participation in the program is detrimental to the Student and/or Facility.

4.5 Immunizations and Physical. Social Work Students are required to submit documentation of: 1) a varicella titer (if born after 01/01/80); 2) a positive titer for rubella, rubeola and mumps. Any other health documentation required by the Facility will be requested of the social work student directly.

5. SHARED RESPONSIBILITIES

5.1 Instruction and Supervision.

a. The Facility shall provide an MSW field instructor for teaching and supervision of any participating social work students assigned to the Facility. The MSW field instructor shall be responsible for planning and implementing individual social work Student assignments, and for evaluating the social work Student's competencies and field experience performance. If the Facility does not have an MSW field instructor available; the Facility will provide a Task Supervisor (who is agreed upon by both the Facility and University) the University will provide an MSW field instructor to do the formal supervision and to provide the evaluation of student competencies an field experience with the input of the Task Supervisor.

5.2 Program Evaluation. The MSW field instructor will consult at least twice each year with the University's Department Head or his/her Designee for the purpose of evaluating the Field Education experience at the Facility, in an effort to continually provide an appropriate learning environment for the participating social work Students.

5.3 Students and Faculty Not Employees or Agents. Both the Facility and the University acknowledge that social work Students are to be considered employees or agents of the Facility.

6. GENERAL PROVISIONS

6.1 Notices. Any notice required to be given pursuant to the terms of this Agreement shall be in writing and shall be sent, postage prepaid, by certified mail, return receipt requested, to the University or Facility at the address set forth below. The notice shall be effective on the date of delivery indicated on the return receipt.

If to the University:

University of Connecticut
School of Social Work
Field Education Dept.
1798 Asylum Avenue
West Hartford, CT 06117
Attn: Nina Heller, Interim Dean

If to the Facility:

Attn: _____

6.2 Prohibition Against Assignment. This Agreement may not be assigned by either party.

6.3 Accommodations for Persons with Disabilities. In the event that a Student, Faculty, or other University personnel requires accommodation for a disability beyond those accommodations that are currently available at the Facility, the Facility shall be responsible for making any arrangements necessary to effectuate the additional accommodation.

6.4 Worker's Compensation. University and Facility agree that the Facility is not responsible for any Workers Compensation or disability claim filed by the social work Student. The Facility and the University agree that the social work students are not employees of the Facility or University and are not covered by Workers' Compensation. With respect to employee compensation for services provided in connection with this Agreement, the Facility and the University agree each shall be responsible their own employees' withholding taxes, Workers' Compensation, and other employment-related taxes.

7. REQUIRED PROVISIONS – STATE OF CONNECTICUT. References in this section to "contract" shall mean this Agreement and references to "contractor" shall mean the Facility.

7.1 Claims. The Facility agrees that the sole and exclusive means for the presentation of any claim against the State of Connecticut or The University of Connecticut arising from this Agreement shall be in accordance with Chapter 53 of the Connecticut General Statutes (Claims Against the State) and the Facility further agrees not to initiate any legal proceedings in any state or federal court in addition to, or in lieu of, said Chapter 53 proceedings.

7.2 Indemnification. The Contractor hereby indemnifies and shall defend and hold harmless the State of Connecticut, its officers and its employees from and against any and all suits, actions, legal or administrative proceedings, claims, demands, liabilities, monetary loss, interest, attorneys' fees, costs and expenses of whatsoever kind or nature arising out of the performance of this agreement, including those arising out of injury to or death of Contractor's employees or subcontractors, whether arising before, during or after completion of the services hereunder and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part, by reason of any intentional, reckless or negligent act or omission of the Contractor or its employees, agents or subcontractors.

7.3 Governing Law. This Agreement shall be construed in accordance with and governed by the laws of the State of Connecticut without regard to its principles of conflicts of laws.

7.4 Governors' Executive Orders 3, 14, 17, 16, 7C and 14. This Agreement is subject to the provisions of Executive Order No. Three of Governor Thomas J. Meskill, promulgated June 16, 1971, concerning labor employment practices, Executive Order No. Seventeen of

Governor Thomas J. Meskill, promulgated February 15, 1973, concerning the listing of employment openings and Executive Order No. Sixteen of Governor John G. Rowland promulgated August 4, 1999, concerning violence in the workplace, all of which are incorporated into and are made a part of the Agreement as if they had been fully set forth in it. At the Contractor's request, the University shall provide a copy of these orders to the Contractor. This Agreement may also be subject to Executive Order No. 7C of Governor M. Jodi Rell, promulgated July 13, 2006, concerning contracting reforms and Executive Order No. 14 of Governor M. Jodi Rell, promulgated April 17, 2006, concerning procurement of cleaning products and services, in accordance with their respective terms and conditions.

7.5 Power to Execute. The individual signing this Agreement on behalf of the Facility certifies that s/he has full authority to execute the same on behalf of the Facility and that this Agreement has been duly authorized, executed and delivered by the Facility and is binding upon the Facility in accordance with its terms. The Facility shall provide a Corporate Resolution certifying the individual executing this Agreement has been authorized by the governing body of the Facility to sign on behalf of the facility.

7.6 Entire Agreement. This Agreement is the entire agreement between the Facility and the University and supersedes and rescinds all prior agreements relating to the subject matter hereof. The Facility indicates it has read and freely signed this Agreement, which shall take effect as a sealed instrument. The Facility further certifies that the terms of this agreement are legally binding and its duly authorized representative has signed this agreement after having carefully read and understood the same, of their own free will. This Agreement has been duly executed by the following parties:

FACILITY: _____
(Agency)

University: UNIVERSITY OF CONNECTICUT

Director or Designee Signature

Interim Dean Signature

Print Name: _____

Print Name: Nina Rovinelli Heller, PhD, Interim Dean

Title: _____

Title: Zachs Professor of Social Work

Date: _____

Date: _____

APPROVED AS TO FORM:

Assistant Attorney General
Office of the Attorney General