

**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

PART I: AGENCY ADMINISTRATION

For Academic Year 20 ____ to 20 ____

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) |

PART III: 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.

PART IV: MEMORANDUM OF UNDERSTANDING

The Memorandum of Understanding is an affiliation agreement 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. This agreement is in effect for a three year period unless otherwise agreed upon by the School and the Agency. The form is included in this packet.

PART V: Agency Signature

Authorized Signature _____ Title _____ Date _____

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

PART III. 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

GRADUATE SOCIAL WORK FIELD INSTRUCTION EXPERIENCE

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

PART IV - MEMORANDUM OF UNDERSTANDING

THE UNIVERSITY OF CONNECTICUT
School of Social Work
1798 Asylum Avenue
West Hartford, Connecticut 06117-2698

A FORMAL AFFILIATION AGREEMENT BETWEEN AGENCIES AND THE SCHOOL - THE "MEMORANDUM OF UNDERSTANDING"

This is a Memorandum of Understanding between the University of Connecticut School of Social Work and the following Agency:

_____ located at
_____ in which we

agree to collaborate in the education of graduate Social Work Students. This includes all of the planning, implementation, supervision, advisement and evaluation of the students. Whereas the University is authorized to enter this Agreement under Provisions of Sections 1 OA-1 04 and 1 OA- 108 of the General Statutes of the State of Connecticut, Revision of 1958, as amended to date.

EDUCATION AND SUPERVISION: The School and the Agency will jointly conduct the education of the students according to the policies and procedures set forth in the Field Education Manual.

Agencies will provide each student with a Field Instructor who meets requirements of and is approved by the School.

The Agency agrees to advise the School of any and all changes in the agency, staff and/or program that might impact on the student's Field Education.

STUDENTS: The School will insure that each student meets the academic standards as are consistent with objectives and requirements of the program and the University. Each student will have the capability of meeting the objectives of the field practicum.

Both the School and the Agency will have the right to suspend a student from the placement for reasons of health, unsatisfactory performance or other reasonable cause. Such actions may be taken only after prior consultation between the Agency and the School. Suspended students will be referred to the Educational Review Committee by the Faculty Advisor or the Sequence Chair.

Students who are not employees of the Agency are not entitled to any Workers' Compensation benefits for any illness,¹ accident or injury arising out of their placement. Coverage for these medical issues is provided through the individual student's health insurance policy.

Students are to participate in the practicum in the status of trainees and are not to replace staff All duties performed by students are to be done under the educational supervision of their Field Instructor.

The Agency will inform students of all relevant policies, rules and regulations pertinent to the student's Field Education. Both the School and the Agency will require students to maintain confidentiality and to perform assignments in a manner in keeping with the standards of the profession of Social Work following the Code of Ethics of the National Association of Social Workers.

NONDISCRIMINATION: The Agency agrees and warrants that in the performance of this Agreement such Agency will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, gender, sexual preference, mental retardation, national origin, physical disability including but not limited to blindness, unless shown by such Agency that such disability prevents performance of the work involved in any manner prohibited by the laws of the United States or of the State of Connecticut, and further agrees to provide the Commissioner of Human Rights and Opportunities with such information requested by the Commission concerning employment practices and procedures of the Agency as related to the provisions of this Section.

LIABILITY: Liability coverage is provided by the State of Connecticut under Section 10-235 of the General Statutes entitled: "Indemnification of Teachers, Board Members and Employees in Damage Suits; Expenses of Litigation".

THE SCHOOL'S USE OF THE AGENCY AND FIELD INSTRUCTOR'S NAME

The Agency will allow the School to list its name and the name of the Field Instructor in catalogs, brochures and correspondence as affiliates of the practicum program.

TERMS OF AGREEMENT: The agreement period of this Memorandum of Understanding will be for a three year period commencing on _____ (month/date/year). The agency or the School has the right to terminate this Agreement at any time in the future by sending a written notice to the other 30 days in advance.

Director of Agency

Date

Salome Raheim, PhD, ACSW
Dean and Professor
University of Connecticut
School of Social Work

Date

CERTIFICATION OF AUTHORITY TO SIGN AGREEMENTS

(Complete if applicable to Agency)

TO WHOM IT MAY CONCERN:

This is to certify that Article _____ Section _____ of the Bylaws of

Agency's Full Name

Adopted on _____ provides that

Name of Agency Representative

shall sign and make all contracts and agreements for the above-named Agency. Signed of this

_____ of 20 _____ in the State _____

County of _____.

Agency/Corporate Secretary

Date

AGENCY/CORPORATE SEAL: