**AGENCY/FIELD INSTRUCTOR – APPLICATION**

Agency Name: Click here to enter text.

Division/Program Name: Click here to enter text.

Name/Title of Agency Director: Click here to enter text.

E-Mail: Click here to enter text.

Address: Click here to enter text. Phone: Click here to enter text.

 Click here to enter text.

 Click here to enter text. Fax #: Click here to enter text.

Name/Title of Educational Coordinator: Click here to enter text.

 *(Person who serves as main contact to Adelphi)*

Educational Coordinator’s Phone #: Click here to enter text. Ext: Click here to enter text.

Email: Click here to enter text.

**Description of Agency:**

Agency Auspices: [ ]  voluntary/non-profit [ ]  private/for-profit [ ]  public [ ]  other: Click here to enter text.

**Licensed by:** [ ]  **OMH** [ ]  **OASAS** [ ]  **DOH** [ ]  **OPDD** [ ]  **OCFS** [ ]  **DOC** [ ]  **STATE EDUCATION** [ ]  **OCFS** [ ]  **OFFICE OF THE AGING** [ ]  **JCAHO OTHER:**Click here to enter text.

**Type of Agency (check as many as apply)**

 [ ] mental health [ ] developmental disabilities [ ] forensic

 [ ] chemical dependency [ ] physical disabilities [ ] domestic violence

 [ ] health care [ ] youth services [ ] psychiatric

 [ ] occupational [ ] community center [ ] child welfare

 [ ] educational/school [ ] geriatric services [ ] public welfare

 [ ] Other (please specify): Click here to enter text.

**Service Settings (check as many as apply) Agency Hours of Operation**

 [ ] inpatient [ ] home-base Monday: Click here to enter text. Friday: Click here to enter text.

 [ ] outpatient [ ] residential Tuesday: Click here to enter text. Saturday: Click here to enter text.

 [ ] day treatment [ ] community-based Wednesday: Click here to enter text. Sunday: Click here to enter text.

 [ ]  Click here to enter text. [ ] Click here to enter text. Thursday: Click here to enter text.

**Agency Services Provided (check as many as apply)**

[ ] individual [ ] home visiting [ ] committee participation

[ ] family [ ] biopsychosocial assessment [ ] work with coalitions

[ ] group [ ] multi-axial diagnosis [ ] psychoeducation

[ ] short-term [ ] treatment planning [ ] substance abuse monitoring

[ ] long-term [ ] crisis intervention [ ] grant writing

[ ] milieu treatment [ ] interdisciplinary collaboration [ ] research

[ ] case management [ ] court liaison [ ] program development

[ ] community organization [ ] information and referral [ ] case advocacy

[ ] entitlement advocacy [ ] macro practice [ ] social action

[ ] Other: Click here to enter text.

Agency Population Served: (Describe the client/consumer population served by the agency (age, gender, socio-economic status, race, religion, ethnicity, sexual orientation, language and culture, etc) :

Click here to enter text.

**Description of Proposed Student Assignments**

**Micro Practice (check as many as apply)**

[ ] individual [ ] advocacy [ ] crisis intervention

[ ] family [ ] home visiting [ ] interdisciplinary collaboration

[ ] short-term [ ] biopsychosocial assessment [ ] information and referral

[ ] long-term [ ] multi-axial diagnosis [ ] psychoeducation

[ ] case management [ ] treatment planning [ ] substance abuse monitoring

Describe student’s primary micro practice assignment:

Click here to enter text.

**Mezzo (Group) Practice (check as many as apply)**

**Types of Groups Group Leadership Group Development**

 [ ] short-term [ ] sole worker [ ] New Group

 [ ] long term [ ] co-leadership [ ] Existing Group

 [ ] milieu treatment [ ] with field instructor [ ] Student Developed

 [ ] problem solving [ ] with other staff

 [ ] psychoeducation [ ] with other student

 [ ] behavioral change [ ] observe only

Describe student’s mezzo practice assignment:

Click here to enter text.

**Macro Practice (check as many as apply)**

[ ] public presentations [ ] work with coalitions [ ] voter registration [ ] inter-org. coordination

[ ] work with volunteers [ ] grant writing [ ] community education [ ] budgeting

[ ] cause advocacy [ ] fund raising [ ] resource development [ ] administration

[ ] social action/ reform [ ] lobbying [ ] needs assessment [ ] program development

Describe student’s macro practice assignment:

Click here to enter text.

**Research Opportunities**

Describe research opportunities in which students may become involved:

Click here to enter text.

**Agency Meetings\***

Please identify meetings that will be required or recommended for students placed in your agency ( e.g. Team Meetings, Case Conferences, Department Meetings, Group Supervision, Grand Rounds, Staff Development, etc.):

Click here to enter text.

\*( please note: students have complicated academic schedules which need to be considered in determining expectations for participation in agency meetings)

Does your agency require any of the following (please check all that apply):

 [ ] Medical Clearance [ ] Tuberculosis TB test [ ] Proof of Legal Residence (VISA or GREEN CARD)

 [ ] CPS Clearance [ ] Drug Testing [ ] Finger Printing

 [ ] Criminal Background Check [ ] Proof of US Citizenship

 [ ] Resume

Any other requirements? Click here to enter text.

 **Students Requested for the school Year**

 For the school year we are requesting the following:

1. Undergraduate Juniors (10 hrs/week) (#) Click here to enter text.
2. Undergraduate Seniors (14 hrs/week) (#) Click here to enter text.
*Senior Year assignments are comparable to 1st Year*
3. First Year Graduates (14 or 21 hrs/week) (#) Click here to enter text.
4. Second Year Graduates (14 or 21 hrs/week) (#)

**Total Number of Students Requested** (#) Click here to enter text.

**Anticipated Number of Social Work Students for Placement in the Agency**

From other schools of social work: Click here to enter text.

**Evening and Weekend Student Assignments**

If your agency offers an assignment with evening and/or weekend hours to accommodate our experienced employed student population, please specify the following; the evening and weekend days available; required daytime hours(if any); days/hours for supervision:

Click here to enter text.

**Transportation and Access to Agency**

Please describe agency location and access to public transportation:

Click here to enter text.

Please describe agency’s access for disabled students:

Click here to enter text.

**Field Instructors**

*\*Field Instructors for BSW students must have a minimum of 2 years post MSW experience. For all other levels they must have at least 3 years post MSW experience. All first time Field Instructors must attend a free, 12 session Seminar in Field Instruction concurrent with supervising the student. Field instructors who have completed a comparable seminar at another School of Social Work may be exempt from this requirement by our Field Education Department. The seminar is offered at our Garden City, Hauppauge, Manhattan, and Poughkeepsie locations. NYS Law mandates that all Social Workers supervising students must be licensed in NYS.*

Name: Click here to enter text. Position: Click here to enter text.

Address: Click here to enter text.

Work #: Click here to enter text. E-mail: Click here to enter text.

Cell Phone: Click here to enter text.

**LICENSURE**

Do you have a current New York State License to practice social work? Choose an item.

If Yes, Choose an item. Date Received: Click here to enter text.

**PROFESSIONAL WORK EXPERIENCE, Please attach a resume**

**SEMINAR IN FIELD INSTRUCTION \***

SIFI completed? Choose an item. If YES, Name of SIFI school, date Click here to enter text.

**Comments (For application purposes, is there any other information we should know about your agency?)**

Click here to enter text.

Click here to enter text. Click here to enter a date.

***Signature of Educational Coordinator***  *Date*