

**OFFICE OF FIELD EDUCATION**

**Application for Employment Based Field Placement**

**Junior ☐ Senior ☐ 1st Yr MSW ☐ 2nd Yr MSW ☐ OYR ☐**

Student:Click here to enter text. Date: Click here to enter a date.

Agency Name: Click here to enter text.

Agency Address: Click here to enter text.

Name of Educational Coordinator or Agency Director: Click here to enter text.

Title: Click here to enter text. E-mail Address: Click here to enter text.

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

**STUDENT’S CURRENT POSITION IN AGENCY:**  Click here to enter text.

Name of Employment Supervisor: Click here to enter text.

Dates of Employment: From Click here to enter a date. through Click here to enter text.

Employment Responsibilities: (attach agency job description and resume)

Click here to enter text.

**PROPOSED FIELD INSTRUCTOR:** Click here to enter text.

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

Agency Division or Program Site: Click here to enter text.

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

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

E-Mail Address: Click here to enter text.

|  |  |
| --- | --- |
| **M.S.W Information** | **SIFI Completed?** Choose an item. |
| **School:** Click here to enter text. | **School:** Click here to enter text. |
| **Degree Date:** Click here to enter text. | **Year Received:** Click here to enter text. |

**PROPOSED ASSIGNMENT FOR EMPLOYMENT BASED FIELD PLACEMENT:**

Below, please detail the proposed EMPLOYMENT BASED field instruction assignment which has been jointly developed by the agency’s educational coordinator, the proposed field instructor and the student. In formulating this assignment, refer to the Employment Based Field Placement guidelines which define the necessary conditions for a successful field education plan.

Assignments used for field work learning must reflect a change from those carried as a worker, and the type and focus of the assignments selected should be consonant to those assigned to a non-Employment based student at the same educational level. *The student's employment supervisor and field instruction supervisor are separate and distinct roles and must be carried out by two different people.*

**PROPOSED FIELD WORK ASSIGNMENT FOR STUDENT (PLEASE BE SPECIFIC)**

###### Please check one of the options below for total hours that will be completed weekly

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Total Hours/ week | Direct Practice Hours | Non Direct Practice  Hours | Annual Total |
| ☐ | 10 (BSW) | 5 | 5 | 300 |
| ☐ | 14 | 7 | 7 | 600 |
| ☐ | 21 | 11 | 10 | 600 |
| ☐ | 21/21/24  (OYR Option 1) | 11 | 10 | 900 |
| ☐ | 30 (OYR Option 2) | 15 | 15 | 900 |

Direct Practice – this area of the proposed assignment comprises at least 50% of the student’s time in field instruction. Include the number of hours per week that the student will spend on each area of direct practice detailed (refer to guidelines for direct practice requirements and attach additional page if necessary):

Click here to enter text.

Non-Direct Practice Activity- This area of the proposed assignment involves activities apart from direct practice including: agency recording; process recording; supervision; agency meetings; in service training, etc. Include the number of hours per week the student will spend on each activity detailed (attach an additional page if necessary):

Click here to enter text.

**AGENCY AUTHORIZATION: The Employment Based Field Placement plan detailed in this application has been reviewed by the appropriate agency administrative personnel. Accommodations for release time, transfer and workload reductions have been considered to enable the student to engage in the Employment Based assignment.**

Will the student be granted “release time” from their regular employment to complete field work responsibilities?

Choose an item.

Please explain.

Click here to enter text.

Agency Director/ Educational Coordinator Signature and Date

Click here to enter text.

Proposed Field Instructor Signature and Date

Click here to enter text.

Student Signature and Date

**FOR ADELPHI UNIVERSITY ADMINISTRATIVE PURPOSES ONLY**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Difference between employment and internship?  Click here to enter text. |  |  |
|  |  |  |
| Will release time be granted to student? Choose an item. |  |  |
| Not Approved by: Click here to enter text. | Date: Click here to enter a date. |  |
| What changes need to be made in order for approval of placement?  Click here to enter text.    Direct Practice:  Click here to enter text.  Indirect Practice:  Click here to enter text. |  |  |
| Approved by: Click here to enter text.  Date: Click here to enter a date. |  |  |