

BSSW CAMPUS PROGRAM FIELD PRACTICUM APPLICATION

Welcome to Field!

Please complete the application.

Submit the completed application to Kim Denton, Associate Director of Field (Kddenton@utk.edu) on or before due date.

- Due date is **October 1st** to begin junior field in spring semester.
- Due date is **March 1st** to begin field in summer or fall semester.

Please indicate when you will begin Junior Field **SOWK380N**. Junior and senior field are completed in the same agency.

Spring _____ Summer _____ Fall _____

(If junior field begins in fall semester, senior **BLOCK** field is required in the following spring semester). Block field is completing ALL senior field hours in one semester.

Please note: All students must meet with Kim Denton for a Professional Mock Interview and attend Field Orientation & Personal Safety Training before beginning field practicum.

Name _____ Pronouns _____ Date _____

Cell Phone _____ UTK Email Address _____

Address: _____

(Address where you will be living while in field practicum)

City: _____ State: _____ Zip: _____

Employment History and/or Volunteer Experience, beginning with most recent:

Organization: _____ Dates: _____

Organization: _____ Dates: _____

Organization: _____ Dates: _____

Will you be employed during the semesters that you are in BSSW field?

Yes → How many hours per week do you plan to work? _____

No

Students must provide their own transportation to and from field placement. Students without access to a vehicle will have very limited options for field practicum.

Do you have transportation to field? Yes No

What are your strengths and what skills will you bring to your field practicum?

Briefly explain any circumstances which might have an effect on your field practicum.

Any student in need of disability related accommodations in field should contact the Student Disability Services on the Knoxville Campus (<http://ods.utk.edu> or (865) 974-6087). In order to receive an accommodation during practicum, students must be registered with SDS.

Initial here to acknowledge that you have received this information. _____

Background and Health Checks: A field agency may require security clearance resulting in background checks, fingerprinting and/ or drug screens. A field agency may require physical examinations, TB tests, immunization verifications, and/or random drug screens. Such clearance may be at the student’s expense.

Initial here to acknowledge that you will consent to these agency requirements as conditions of your field placement confirmation: _____

Have you ever been convicted of **any offense other than a minor traffic violation**? Yes No

If yes, please explain below. **Have you ever had any legal involvement that may negatively impact your acceptance for placement at a social service agency?** Yes No If yes, please explain below.

(Please note that failure to provide accurate information may result in loss of field placement opportunities and possible dismissal from the program.)

Indicate the type of field practicum setting or a population that interests you the most. List your top three choices for placement:

First Choice: _____

Second Choice: _____

Third Choice: _____

I understand that I will be in field at least two days per week throughout each field practicum course. I will be required to arrange my hours to accommodate field. I understand there is no guarantee that I will receive a particular placement. I understand field placement will require attendance during regular business hours.

Initial here to acknowledge that you have received this information. _____

The University requires all students enrolled in field practicum courses to participate in a group plan for professional liability coverage (also referred to as “malpractice insurance”). Students pay the malpractice insurance fee each year before beginning the practicum. The University Bursar generally bills students annually for this coverage. Students are not allowed to begin field practicum without paying the fee.

Initial here to acknowledge that you have received this information. _____

I hereby give permission to the Field Coordinator to release the information on this application to prospective Field Instructors. This information will be shared with prospective Field Instructors, as needed, for the purpose of facilitating my field placement. I understand that I have the authority to grant or deny permission for this release. I also understand that declining to grant this permission may exclude me from specific field placements. I understand that this consent will remain in effect for as long as I am enrolled in the social work program, unless revoked by me in writing and delivered to the Field Coordinator. Such revocation shall not affect disclosures previously made in connection with this application by the Field Coordinator prior to any such written revocations.

Your signature below indicates you have provided accurate information on this application.

Student Signature

Date