

**FIELD EDUCATION APPLICATION**  
**MINOT STATE UNIVERSITY**  
**SOCIAL WORK PROGRAM**  
**FIELD EDUCATION APPLICATION (must be typed or word processed)**

**A. PERSONAL INFORMATION**

1. NAME (Including maiden name)	
2. MINOT ADDRESS	
3. PHONE NUMBERS	Home  Work  Cell
4. PERMANENT HOME ADDRESS	
5. PERMANENT E-MAIL ADDRESS	

6. Do you have a valid driver's license?	Yes_____	No_____
7. Do you have automobile liability insurance?	Yes_____	No_____
8. Do you have a car available for field placement?	Yes_____	No_____
9. Have you applied for professional liability insurance?	Yes_____	No_____

**B ACADEMIC INFORMATION**

1. ACADEMIC ADVISOR	
2. ANTICIPATED GRADUATION DATE (Month /Year)	
3. Are you seeking another major in addition to your BSW degree? If yes, please list across.	Yes_____ No_____
4. Are you seeking any minors or concentrations? If yes, please list across.	Yes_____ No_____
5. HONORS INFORMATION (Membership university level honors, offices held, scholarships, awards, etc.)	
6. UNIVERSITY/SOCIAL WORK EXTRA-CURRICULAR ACTIVITIES; COMMUNITY ACTIVITIES. Please list.	

7. What are your future educational plans? Please Check <b>one</b> .	I plan to work after conferral of a BSW degree_____.
	I plan to work first and then continue graduate study in the area of_____.
	I plan to go directly to graduate school in the area of_____.

**EMPLOYMENT AND VOLUNTEER EXPERIENCE**

In the space below, list chronologically all paid and/or volunteer positions held, starting with the most recent experience. ALL volunteer work (i.e. summer camp, Big Brother Big Sister, Headstart, church work, etc) should be listed. Do not attach a resume in lieu of completing this section.

From - To Month/Year	Firm/Agency and City/State	Nature of Position	Paid or Volunteer

**Do you plan to work while in field placement?                      Yes \_\_\_\_\_ No \_\_\_\_\_**  
**Place of employment, # of hours per week you plan to work, days and times:**

**A.     PLACEMENT INFORMATION**

Please indicate whether you want an in-town or out-of-town field placement

In-Town \_\_\_\_\_

Out-of-Town \_\_\_\_\_

Community preferred \_\_\_\_\_

Students considering an out-of-town placement are reminded that they are responsible for living and travel expenses, and are obligated to return to campus for the concurrent seminars.

Please indicate below by checking **2 to 3** fields of practice or population groups which you would like to do your field placement:

	Public Social Services		Corrections/Criminal Justice
	Medical		Mental Health
	Aging		Domestic Violence
	Developmental Disabilities		Family Services
	Adolescents		School Social Work
	Children		Other (Specify)

**1. Please note:** Some agencies have indicated they prefer not to accept field placement students who have been clients of the agency. If you are considering such a placement, please contact the Field Coordinator.

**2. Please note: If you have a disability** and desire a disability related accommodation(s) for a Field Education experience you should contact the Field Coordinator to inform him/her of the accommodation(s) you require. You do not have to disclose the nature of your disability to the Coordinator when requesting the accommodation(s) you require. The Coordinator may refer you to the MSU Student Development Center to establish eligibility for the requested accommodation(s). Once the need for an accommodation(s) is established, the Coordinator will work with the agencies regarding implementation of the accommodation(s). You are free to contact MSU Student Development Center (701-858-3371) for assistance in obtaining accommodation(s).

Please be aware that the Americans with Disabilities Act require us to make “reasonable accommodations” for documented disabilities. However, you are still required to be able to perform the job at the appropriate level, once accommodations have been provided.

**3. Please be advised** that you will need to give the Social Work Department permission to do a Criminal Background Check, as well as a Child Abuse and Neglect background check on you before you begin your Field Education.

**4. Please be advised** that depending upon the Agency where you do your Field Education, you may need to provide documentation as to dates, places, and times of various immunizations.

SECTION "E," BIOGRAPHICAL STATEMENT, SHOULD BE COMPLETED IN NARRATIVE FORM, BUT NOT ATTACHED. THIS SECTION WILL BE READ BY THE FIELD EDUCATION COMMITTEE AND POTENTIAL FIELD EDUCATION INSTRUCTORS, BUT WILL BE REMOVED PRIOR TO PLACEMENT IN YOUR STUDENT FILE, DUE TO THE CONFIDENTIAL NATURE OF THE INFORMATION.

SECTION "F," Field Education Readiness, should be completed separately in narrative form, and attached to this application.

*ALL RESPONSES SHOULD BE FREE OF SPELLING, TYPING AND GRAMMATICAL ERRORS.*

### **E. AUTOBIOGRAPHICAL STATEMENT**

**For the following questions (1-5) reflect on your personal experiences. Address how these experiences shaped your values and developed your desire to be a social worker. Include how you believe these experiences might strengthen your work, as well as those areas which might be issues which come up in your work, or with certain populations or problem areas.**

1. Family Background (family of origin and/or current family)
2. Educational experiences
3. Extra-curricular/ Leisure time activities
4. Employment/Volunteer experiences
5. Life Experiences (eg. Overcoming adversity, defining moments in your life, or other events that were of special significance to you).
6. Please provide any other information that would assist us in selecting the appropriate field placement setting for you. Because of the sensitive nature of dealing with vulnerable clients, it is important to assess and describe any areas in which your own issues, conditions, disabilities, or mental health disorders (including chemical abuse or dependency) might be an area which could potentially result in harm to clients, or in your needing special accommodations. Please be advised that you are not legally required to provide such information, but you must ethically consider whether such information is necessary for the Field Education Committee to assist in an appropriate placement.

### **F. FIELD EDUCATION READINESS**

1. Identify your areas of professional strength in social work knowledge, skills, and values. Where do you think you needed further growth?
2. What do you consider to be your personal strengths and in which areas do you think you need to grow?
3. Assess your writing skills and verbal skills (What have your instructors and others told you about your writing and verbal skills?). In what areas will you need help, or in what areas might you need to grow or develop in Field Education?
4. Describe your use of supervision (Discuss your supervisory relationship with your former or current supervisor).
5. Describe your work habits: ( Do you hand in assignments on time? How do you budget your time for study and personal habits?).
6. Assess your knowledge of community resources (Base your answer on the community where you plan to do your placement).
7. In what setting and with what population would you like to do your field placement and why? (Do not name a specific agency - keep the setting general).
8. What are your expectations of the field placement experience? Include at least five goals you have for yourself during Field Education, and how your Field Education setting can help meet them.
9. Please provide any other information that would assist us in selecting the appropriate field placement setting for you. Because of the sensitive nature of dealing with vulnerable clients, it is important to assess and describe any areas in which your own issues, conditions, disabilities, or mental health disorders (including chemical abuse or dependency) might be an area which could potentially result in harm to clients, or in your needing special accommodations. Please be advised that you are not legally required to provide such information, but you must ethically consider whether such information is necessary for the Field Education Committee to assist in an appropriate placement.
10. Please describe any special physical, educational, intellectual, or mental health difficulties or disabilities you have which might need to be considered related to Field Education placement, including any special accommodations which you utilized in any previous educational settings.

**G. TRANSCRIPT**

Please submit an official copy of your **current transcript** with your application. The transcripts will be reviewed by the Field Education Coordinator.

I hereby certify that the information contained herein is true and correct to the best of my knowledge. I understand that the application will be given to prospective field placement agencies as agreed upon by myself and the Field Coordinator. I understand that the application will be regarded as confidential and will be destroyed upon completion of the placement process.

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Student's Signature

Date

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Advisor's Signature

Date

\_\_\_\_\_ **OFFICIAL, UNOPENED TRANSCRIPT INCLUDED IN ENVELOPE.**

**Please be advised** that depending upon the agency where you do your Field Education, you may need to provide documentation as to dates, places, and times of various immunizations.