HAWAII PACIFIC UNIVERSITY
MSW Field Placement Student Information Form

Please complete this form in its entirety.

Name_____

Address_____

Mailing Address _____

City_____ State _____ Zip _____

Telephone number_____ Cell phone_____

Email Address _____

Specify fluency in any foreign language_____

Do you have a valid driver's license? Yes No

Do you have an automobile available to drive to placement? Yes No

Undergraduate Degree: Major_____

Date _____ School _____

Other Advanced Degree: Major: _____

Date _____ School_____

Expected Date of Graduation: Month _____ Year _____

Practicum Year: (check one) 1st Year _____

2nd Year _____

Please List Prior Experience by most recent date (this will assist in planning of your field assignment)

_____

_____

_____

_____

_____

HAWAII PACIFIC UNIVERSITY
MSW Field Placement Student Information Form

Please check three (3) areas that you are most interested in working in and number them in the order of priority with number one (1) being your first choice.

If there is a specific agency that you would like for your Field Practicum please list it:

Specific Agency: _____

Fields of Study	Choose 3, rank order your choices
Case Management	
Child Welfare	
Community Development/Organization	
Disabilities	
Domestic Violence	
Forensic Social Work	
Foster Care & Adoption	
Gerontology (Elderly)	
Homelessness	
Hospice (terminally ill)	
Juvenile Justice	
Mental Health	
Probation and Parole	
Schools	
Substance Abuse	
Health Care (hospitals and clinics)	

To better assist you in finding a placement, please check the days and times you are absolutely available.

	Mornings	Afternoons	Evenings	Anytime
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

HAWAII PACIFIC UNIVERSITY
MSW Field Placement Student Information Form

Have you ever been convicted of a felony, DUI/DWI or other criminal offense other than a minor traffic violation? Yes:___ No:___

Are there such charges pending against you? Yes:___ No:___

Have you ever had an allegation of either child or adult maltreatment (abuse, neglect, abandonment, exploitation, and/or child pornography) made against you that was substantiated or is pending against you? Yes:___ No:___

If you answered "Yes" to any of the above questions, you must provide documentation on the nature of the offense/allegation and its disposition and a statement containing proof of rehabilitation if applicable. You will also need to meet with the Director of the School of Social Work, MSW Program Director and BSW Program Director to clarify any questions.

Completed Criminal Background Check? Yes No

Completed TB Testing: (required)? Yes No

I have read the NASW Code of Ethics and subscribe to each item. Yes No

Student Signature: _____ Date: _____

<u>Social Work Administration Only</u>

MOU fully executed and copy sent to Agency? Yes No

Effective Date: _____

Signature: _____ Date: _____

Student Released to (list agency plus alternatives) Date:
1.
2.
3.