

HAWAI'I PACIFIC UNIVERSITY
HONOLULU, HAWAI'I

MSW Field Placement Student Information Sheet
SWRK 6900 & 6901 & SWRK 7900 & 7901
(A practicum placement lasts 2 semesters)

All information is confidential. Please send this completed form with your resume to MSW FIELD COORDINATOR, Jessica Garlock, jgarlock@hpu.edu.

Today's date: _____

I. Personal Information:

Please Print Legibly

Your Full Name: _____

Your HPU ID# _____ Email _____

Mailing Address: _____ City _____ Zip _____

Home Phone# _____ Cell # _____

Birthdate: _____ Do you have a valid drivers license: YES NO

Do you have access to a car: YES NO Do you carry No Fault insurance: YES NO

Are you proficient in another language: If yes, specify: _____

Are you currently employed: If yes, name of employer _____

Will you be working during practicum/field placement? YES NO

Total # hrs/week _____

Indicate the start and end times of your work schedule below (eg. 8am-3pm)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Expected graduation date: _____ Is this your 1st or 2nd practicum (circle one)

<i>Emergency Contact:</i>		
<i>Name:</i> _____	<i>Relationship:</i> _____	
<i>Address:</i> _____	<i>City</i> _____	<i>State</i> _____
<i>Phone #: home</i> _____	<i>cell</i> _____	<i>work</i> _____

II. Work Experience: *(Please elaborate on attached resume)*

Briefly list any volunteer experiences, including name of organization, date of involvement, and responsibilities you were involved with: _____

Beginning with the most current, briefly write about any paid work experience including name of company, dates of your employment, position title and work responsibilities:

III. Practicum Interest:

Many students have a particular population or setting or agency in which they are interested in gaining experience. Each student will need to complete 225 hrs per semester. Please number your **top three** areas of interest below. With #1 being your top interest, #2 your next and so on. All attempts will be made to take your choices into consideration however; site and your availability will need to be taken into consideration.

If there is a specific agency that you would like for your field practicum, please list it with the name of a contact person if that is available.

Specific Agency: _____

Contact Person: _____ Telephone #: _____

<i>Please mark your choices (1-3) in the boxes to left of your desired fields of interest.</i>					
<input type="checkbox"/>	Gerontology/Aged	<input type="checkbox"/>	Alcohol/Substance Abuse	<input type="checkbox"/>	Case Management
<input type="checkbox"/>	Child Welfare	<input type="checkbox"/>	Research	<input type="checkbox"/>	Family Services
<input type="checkbox"/>	Adolescents	<input type="checkbox"/>	Women Services	<input type="checkbox"/>	Foster Care/Adoption
<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	Disabilities	<input type="checkbox"/>	Schools
<input type="checkbox"/>	Hospice	<input type="checkbox"/>	Health	<input type="checkbox"/>	Care/Hospitals
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Military Veterans	<input type="checkbox"/>	Criminal Justice
<input type="checkbox"/>	Probation/Parole	<input type="checkbox"/>	Juvenile Justice	<input type="checkbox"/>	Communities/Community Organization
<input type="checkbox"/>	Prisons	<input type="checkbox"/>	Organizations/Program Planning	<input type="checkbox"/>	Other, specify:

Upon graduation what area of social work would you like to practice? _____

Preference for location of practicum e.g. Honolulu, Windward, Leeward, no preference?

Special Conditions: Please provide any additional information that would be helpful in making your placement assignment (e.g. night or evening placements, special accommodations etc.)

IV. Criminal Background Check

Please answer the following questions openly and honestly. Your response is essential in the practicum office locating your practicum placement, making decisions for future practicum placements and for discussing your strengths and weaknesses in this profession.

a. Have you ever been a party to a civil lawsuit: _____ Yes _____ No
If yes, please explain in detail:

b. Have you ever been arrested or convicted of a misdemeanor or felony?
____ No ____ Yes If yes, please explain in detail:

Are there such charges pending against you? YES NO

c. 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?

___ No ___ Yes If yes, please explain in detail:

If you answered “Yes” to any of the above questions, you will need to meet with the Director of the School of Social Work, MSW Program Director or BSW Program Director to clarify any questions. Additionally, you may be asked to provide documentation on the nature of the offense/allegation and its disposition and a statement containing proof of rehabilitation, if applicable.

V. Practicum Requirement and Student Commitment:

Please read and initial each statement indicating you meet the stated requirements:

_____ I attest that all information provided in this application is true and accurate.

_____ I am aware that a criminal background check will be performed, and given the results may impact my practicum placement and/or professional social work degree.

_____ I understand that my application will be reviewed and discussed by HPU faculty to determine my readiness for practicum.

_____ I understand what I may be required to show proof that I am TB negative.

_____ I have read and agree to follow the NASW Code of Ethics and HPU Practicum Manuel.

_____ I agree to comply with all the requirements of the practicum and at my site and,

_____ I understand that my application will be released to potential field instructors, and I hereby agree to release all information contained herein.

I understand that any violation of the above stated requirements may result in my disapproval, suspension, or removal from the practicum experience.

Print Name

Date

Signature

Practicum Office Use Only:

_____ Completed Criminal Background Check? YES NO

_____ Completed TB Testing (required)? YES NO Expiration date: _____

_____ Reviewed by the Field Education Director Date: _____

_____ MOU Approved (date) _____ Sent/Pending (date) _____

Notes: