Directions: Complete by typing directly into the gray buttons which will disappear and expand as you type. Click directly on the box and it will turn a darker gray letting you know you are in the box and begin typing. Please complete all sections below and when complete, **electronically submit** to your Field Contact Person*.*

**University Sites & Field Contact Persons-** select by clicking on the field contact person associated with your learner (student).

[ ] Akron campus- Undergraduate Learners – Naomi White

[ ] Akron campus- Graduate, Foundation Learners – Naomi White
[ ] Akron campus – Graduate, Concentration Learners – Becky Thomas
[ ] Lakewood campus- Undergraduate Learners – Janice Steinmetz
[ ] Lakewood campus- Graduate Learners –Becky Thomas

[ ] Wayne College – Undergraduate Learners – Lisa Crites

[ ] Wayne College – Graduate Learners – Robert Terry

**Student Name:**

FAPE: Choose an item.

Please select the semester you will begin your field education experience: Choose an item.

Please select your program status: Choose an item.

**Part I Student Information**

1. Last Name:
2. First Name:
3. Email Address:       @zips.uakron.edu
4. Student UA ID#:
5. Date of Birth:
6. Permanent Address:
7. Current Address:
8. Cell #:

**Part II Student History***A resume can be submitted in lieu of completing Part II.*

***Work (Paid Employment) during past 2 years:***

#1 Employer Name:

Position:

Dates of Employment:

#2 Employer Name:

Position:

Dates of Employment:

#3 Employer Name:

Position:

Dates of Employment:

#4 Employer Name:

Position:

Dates of Employment:

**Volunteer and/or Community Work during past 2 years**:

Organization #1:

Description of Activities:

Time frame (dates):

Organization #2:

Description of Activities:

Time frame (dates):

Organization #3:

Description of Activities:

Time frame (dates):

**Part III Student Health**

Rate your general health: Choose an item.

Do you have any emotional or physical difficulties which may require special arrangements in a field practicum placement? [ ] Yes (Please Explain) [ ] No

If yes, please explain:

If yes, please let us know how we can best assist you:

**Part IV Other Student Information**

Will you have the use of a car for field? Choose an item.

Do you have a valid Ohio’s Driver’s License? Choose an item.

Are you presently employed? Choose an item.

If you are employed, place of employment:

Address:

Phone:

Position:

Nature of work performed:

Current Work Schedule

[ ] Monday [ ]  Tuesday[ ] Wednesday [ ]  Thursday [ ] Friday [ ]  Saturday

[ ] Sunday

Do you plan to work while in field? Choose an item.

 At the same job? Choose an item.

 Same Schedule? Choose an item.

Do you have a legal/court history relevant to securing a field placement? Choose an item.

 **Field at Placement of Employment (FAPE):**

Under certain circumstances, a student may conduct their field experience at their place of employment. The standards and requirements for this type of field placement are the same as those for all other placements in the Program.

* The proposed field instructor should be someone other than the student’s immediate employment supervisor;
* Field Instructor should havea MSW/MSSA degree with 2 years post-graduate employment experience;
* Field Instructor shouldhave at least 1 year with the organization; and
* Field Instructor should be able to offer the student a minimum of 1 hour per week of individual supervision.
* Field assignments shouldbe different from employment activity and educationally focused.

Students interested in completing their field experience at their place of employment are required to submit this application, **and** submit a written Field at Place of Employment Proposal for approval by the field office ( along with all other field forms according to the schedule). (See form on website: field education-MSW Field Information and Forms- FAPE)

If planning to apply for a Field at Place of Employment (FAPE), please provide the following information:

Agency name:

Agency address:

Contact Person’s Name:

Contact Person’s Phone # & Extension:

**Part V Student Agreement**

**Important! Signature Box Below**

[ ]  A check in this box, affirms that I hereby attest that all of the information on this application is true to the best of my knowledge and is the equivalent of my signature. I hereby authorize it can be shared with the field instructor. I understand that acceptance into the Field Education Program is determined by the social work faculty and that satisfactory completion of field is a requirement for completion of the Master of Social Work degree and for graduation. I understand that if I do not submit all field documents according to scheduled time frame, I may not receive credit for my field experience during that semester.

**Signature Date**: Click here to enter a date.