**Statement of Completion**

**Work Study Application**

By signing below, I attest that I am submitting a completed Work Study application packet that includes the documents listed below. I understand that an incomplete application packet will not be considered for approval.

☐ Application with ALL required signatures

☐ Work Study Applicant Analysis

☐ Applicant’s current **resume**

☐ Proposed Field Instructor’s **resume**

**Student Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_

## This application is for students who are interested in using their current job in Social Work as their field instruction site.

## To be considered for a work/study:

## • The agency must be willing to reassign the student for the hours of the placement to social work-related internship (this could be a different unit, different population, different tasks within the same unit); and

## • The agency must be willing to assign a Field Instructor to supervise the student’s internship.

## • The Field Instructor must possess an MSW from a CSWE-accredited social work program, have at least 2 years post-MSW experience and have completed, or be willing to complete, the Seminar in Field Instruction (SIFI) simultaneously.

## • The application is constructed as a Word document and text must be typed in or checked off in applicable sections.

## Proposals will be reviewed by the Field Education Department and will be determined if they are (1) accepted, (2) accepted with modifications, or (3) rejected. Agency Staff Educational Coordinator, Field Instructor and the student will be notified of the decision. Proposals will be approved for a two-semester placement. The Field Education Program is guided by accreditation standards of the Council on Social Work Education (CSWE) and the policies of Fordham University Graduate School of Social Service.

**INSTRUCTIONS FOR COMPLETION OF PROPOSAL**

1. Work/Study applications for the fall must be submitted before **May 1st.**  All applications will be reviewed, and the Educational Coordinator of the agency will be contacted for verification of the work/study plan. The Field Education Department reserves the right to determine if your request meets the standard of the internship.

Student’s Name (please type):  Fordham ID Number:

Agency Name:  Date started at employment:

Department where student currently works (if applicable):

Address:

City:      State: Zip:

Contact person at agency:  Phone:

Contact person at agency email:

**Have you discussed the Work/Study Plan with Employer Educational Coordinator?**

**☐** Yes **☐** No  
(If NO, please do so. The Employer Educational Coordinator must sign the attached sheet indicating approval).

Check as applicable: □ Generalist Year ☐ Specialist Micro ☐ Specialist Macro ☐ Specialist Micro & Macro

1. **The distinction between Employment and Internship**

B. The practice component of the approved placement hours must be related to social work practice.

Explain, specifically, how the student’s practice assignments will be different from the current work assignment. (Attach an additional page if necessary).

The difference can include, but is not limited to:

* Placement in a different unit of the agency
* Different client population and (explain how they are different).
* A different mode of intervention, e.g., leading groups, working with families, administration for a student who currently works in direct service, some long-term cases (if not part of the current assignment).
* Other new activities, such as developing a new or innovative service.

This Field Work Proposal should be developed jointly and signed by the student and the agency person responsible for coordinating field placements. The Field Education Department may contact you, your employment supervisor, and/or your potential field instructor for further information.

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| --- | --- |
| **CURRENT EMPLOYMENT** | **PROPOSED FIELD PLACEMENT** |
| **NAME OF PROGRAM / DEPARTMENT:** | **NAME OF PROGRAM/ DEPARTMENT:** |
| **POPULATION SERVED:** | **POPULATION SERVED:** |
| **STUDENT’S CUREENT REGULAR WORK ASSIGNMENTS AND DUITES:** | **STUDENT’S INTERNSHIP PRACTICE ASSIGNMENTS AND DUITIES:** |
| **TREATMENT/SERVICE GOALS**: | **TREATMENT/SERVICE GOALS**: |
| **INTERVENTION METHODS:** | **INTERVENTION METHODS:** |
| **EXACT ADDRESS OF WORK SITE:** | **EXACT ADDRESS OF FIELD PLACEMENT SITE:**      Will the Field Instructor and/or student both be at the above address**:** **☐ Yes** **☐ No**  IF No, where will the Field Instructor be located? |
| **CURRENT WORK SUPERVISOR:**  NAME:  TITLE:  PHONE:  EMAIL: | Proposed newly assigned field instructor **(Must be an MSW):**  NAME:       TITLE:       PHONE:       EMAIL: |
|  |  |

1. Does Field Instructor have an MSW degree from a CSWE-accredited social work program and a minimum of 2 years post MSW practice experience?

☐Yes ☐ No

1. Has Field Instructor completed a “*Seminar in Field Instruction*” (SIFI) in the tri-state area

☐Yes ☐ No [**If No, you will be required to take it while providing field instruction to the student.**

If “yes”, where and when did you take it?

*SIFI* completed at (School) Year

**(Please have your field instructor submit a copy of their SIFI certificate)**

1. Will Field Instructor be able to **provide a minimum of one hour per week of supervision?** **☐** Yes ☐ No
2. How many hours will the student be doing field instruction weekly

☐ 15 hrs. ☐ 21 hrs. ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing below, all parties indicate approval of this agreement:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Field Instructor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Authorizing Official (i.e. Educational Coordinator, Program Director, Executive Director, CEO) Date

**For Field Education Department Use Only**

Are new assignments sufficient for the placement hours requested: ☐ Yes ☐ No

If NO, what hour plan is being approved: ☐15 ☐ 21 ☐Other\_\_\_\_\_\_\_\_\_\_

**Modifications to the proposal agreed to in conference prior to acceptance**:

Modifications discussed with the agency. ☐Yes ☐No

Proposal Accepted as Submitted: ☐

Proposal Accepted as Modified: ☐

Proposal Rejected: ☐

Reason(s):

Field Placement Specialist Signature:       Date:

**Placements approved will be for the full academic year. Students are not guaranteed approval for changes due to alteration in their employment status. If you leave your job for any reason, please note this may affect your plan of study.**

Changes (if necessary) forwarded to Field Placement Site on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_