**University of North Alabama**

**MSW - Field Placement Preference Form**

**Advanced Standing \_\_\_\_\_\_\_ / Two-Year Program \_\_\_\_\_\_\_**

**Student Contact Information:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| Emergency Contact:(Name and Phone) |  |
| Undergraduate University and Degree/Major: |  |

**Field of Practice Interest:**

|  |  |
| --- | --- |
| Preferred Field of Interest:(Ex: Child Welfare, Medical SW, Mental Health, School Services, Substance Abuse, Corrections, Geriatrics, Victim Services, Etc.) |  |
| Preferred Geographic Location:(Ex: State and County)  |  |

**Past Social Work Experience (If Any):**

|  |  |
| --- | --- |
| List all agencies where you have previously completed field placements. |  |
| List all social work related experiences(Volunteer work and past employment)  |  |

*(Rank according to 1st, 2nd, 3rd preference. The program cannot guarantee you a placement in one of the agencies identified.)*

**Preferred Placement Agency #1**

|  |  |
| --- | --- |
| Agency Name: |  |
| Address: |  |
| Phone:  |  |
| Contact Person:(If Known) |  |
| Why did you select this agency? |  |
| Are you currently employed at this agency?(If the answer is yes, please complete the permission to complete field placement at current place of employment form) |  |

**Preferred Placement Agency #2**

|  |  |
| --- | --- |
| Agency Name: |  |
| Address: |  |
| Phone:  |  |
| Contact Person:(If Known) |  |
| Why did you select this agency? |  |
| Are you currently employed at this agency?(If the answer is yes, please complete the permission to complete field placement at current place of employment form) |  |

**Preferred Placement Agency #3**

|  |  |
| --- | --- |
| Agency Name: |  |
| Address: |  |
| Phone:  |  |
| Contact Person:(If Known) |  |
| Why did you select this agency? |  |
| Are you currently employed at this agency?(If the answer is yes, please complete the permission to complete field placement at current place of employment form) |  |

**Permission to Release Student Information:**

By signing below, I give my permission for the Department of Social Work at University of North Alabama to share information contained in this form, or give a copy of this form, to any agency I select to interview with for a possible graduate field placement. I understand that faculty members in the Department of Social Work will also have access to this information.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Once completed, this form should be forwarded via email to kgporter@una.edu)*