



MSW FIELD PLACEMENT APPLICATION AND PREFERENCE FORM – Concentration

Full Name: _____ Date: _____
Last First

NMU Email: _____ Phone: _____

NMU IN: _____ Preferred Pronouns: _____

Declared Concentration: [] CLINICAL [] POLICY, PLANNING AND ADMINISTRATION

Transportation Information

Do you possess a valid driver's license? YES NO Will you have a car available for commuting to and from placement? YES NO

Background Screening

Have you ever been arrested for or convicted of a misdemeanor or felony? YES NO

If yes, explain: _____

Are there any agencies where you should not be placed due to conflicts of interest or other concerns? YES NO

If yes, explain: _____

Preferences

Please indicate your preferences in terms of geographic location of potential field agencies.

Address for the upcoming school year: City State

How far are you willing/able to travel beyond your location: _____

Other towns/cities you may be willing or interested in being placed: _____

Are there are specific agencies in which you are requesting to be placed? YES NO

If yes, where? Agency City and State

Is this your current employment setting? YES NO If yes, please include your employment supervisors and potential field instructor's information on the following page. Field instructor cannot be the same as your supervisor.

Employment Supervisor	Phone Number	Email
Potential Field Instructor	Phone Number	Email

Please indicate which **agency settings** or **client populations** would be your top 3 preferences. (Please only choose within your declared area of concentration).

AGENCY SETTING/CLIENT POPULATION	#1	#2	#3
Clinical			
Hospital/Medical Clinic			
Addiction/Substance Abuse Treatment			
Adult Mental Health			
Children/Youth/Families Mental Health			
Veterans			
School			
Domestic Violence Services			
Hospice/Grief Counseling			
Nursing Home/Aging/Elderly Adults			
Other (please specify):			
Policy, Planning and Administration			
Administration			
Policy Development			
Legislation			
Community Organizing			
Other (please specify):			

Briefly describe your interests in clinical or macro social work practice and hopes or goals you have for your social work practice:

Please describe any special accommodations you may require to be successful in your field placement:

Field Coordinator Notes (For Office Use Only):
