

UNIVERSITY OF NEVADA, LAS VEGAS  
School of Social Work

**Student Application for Field Practicum I**

- \_\_\_\_\_ **SWK 739 (Direct Practice)**
- \_\_\_\_\_ **SWK 759 (Management & Community Practice)**
- \_\_\_\_\_ **SWK 779 (Child Welfare)**

To the student: As we plan together for your agency placement, it is important to know about your interests, current and previous work experience, academic progress, and career plans. This information will be used to:

- (a) Provide field faculty with information about your background and professional development needs; and
- (b) Aid field faculty in directing you to the most appropriate practicum site referrals.

Please complete *all* parts of this application and return it to the Field Director. Once your application is received and reviewed, you will be contacted to schedule a field consultation session. Do not contact community agencies before consulting with field faculty.

<b>Demographic Information</b>		
1	Name (last, first, middle)	
2	Social Security Number	
3	Address (street address, apartment #, city, state and zip code)	current:
		Local/mailling (if different from current residence):
		Do you plan to commute from another state while enrolled in this program? Yes_____ No___ If "yes", specify state:_____
4	Telephone Numbers	Home:
		Work:
		Mobile/Cell:
5	E-mail	

<b>Additional Background Information</b>		
1	Are you currently employed?	Do you plan to remain in your current position while enrolled in field practicum? Yes_____ No_____
		Employment status: Full-time_____ Part-time_____
		Note: Full-time employment is not encouraged while enrolled in field practicum, nor can work or volunteer experience be counted toward practicum credit.
		Work days:_____
		Work Hours:_____
2	Do you have a Nevada State L.S.W. license?	Yes_____ No_____
		Number:_____
3	Do you speak a language other than English?	Yes_____ No_____ Language(s)_____
		Circle level of fluency: Beginning      Intermediate      Fluent

4	Experience with diverse populations?	Which populations?  Circle your extent of experience with these populations: Minimal      Some      A lot      Extensive
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Academic Information											
1	Enrollment in Practice Methods	Practice Methods must be taken concurrently with field practicum (except for Independent field practicum 799). Have you enrolled in Practice Methods SWK 740, 760 or 780: Yes_____ No____ If "no" attach an explanation.									
2	Enrollment status	If regular program: Full-time_____ Part-time_____ If part-time: 3 year_____ 4-year_____  If advanced standing: Full-time_____ Part-time_____									
3	Expected date of graduation from this program										
4	List previous practicum sites	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Agencies</th> <th style="width: 35%;">Field Instructors/Supervisors</th> </tr> </thead> <tbody> <tr> <td>BSW or Undergrad</td> <td></td> <td></td> </tr> <tr> <td>Foundation MSW</td> <td></td> <td></td> </tr> </tbody> </table>		Agencies	Field Instructors/Supervisors	BSW or Undergrad			Foundation MSW		
	Agencies	Field Instructors/Supervisors									
BSW or Undergrad											
Foundation MSW											
5	Who is your assigned faculty advisor?	(If unknown, check with the School of Social Work office)									

1. What are your career plans and/or additional educational goals after graduation?

2. Given your concentration area, indicate what type of programs or with what populations would you like to experience your field practicum? Rank your top preferences for the following (a) areas of practice and (b) populations:

- a.
- |                                 |                               |
|---------------------------------|-------------------------------|
| Administration _____            | Medical Social Work _____     |
| Child Welfare _____             | Juvenile Justice _____        |
| Domestic Violence _____         | Mental Health _____           |
| Geriatrics/Aging Services _____ | Social Services/Welfare _____ |
| Hospice _____                   | Substance Abuse _____         |
|                                 | Other _____                   |

- b.
- |                              |                                  |
|------------------------------|----------------------------------|
| Adults _____                 | AIDS population _____            |
| Children/ Adolescents _____  | Developmental Disabilities _____ |
| Families _____               | Homeless population _____        |
| Groups _____                 | Sex offenders _____              |
| Community Organization _____ | Other _____                      |

c. Do you have an agency in mind? If so, provide agency name, address, and contact person if you know it.

\_\_\_\_\_  
 Note: practicum agencies must be approved by the Field Education Program and contracted with UNLV before students can be credited for practicum hours.