

**ALBANY STATE UNIVERSITY
BACHELOR OF SOCIAL WORK PROGRAM
OFFICE OF BSW FIELD INSTRUCTION**

AGENCY APPLICATION FORM

Agency Name		
Division/Unit		
<i>Please check one:</i>		
Public Agency	Voluntary/Non-Profit	Private/For Profit
Name/Title of Agency Director		
Address	Telephone Number(s)	
Fax Number	Email Address	
Name/Title of Educational Coordinator <i>(Person who serves as the main contact For the BSW Field Experience program)</i>	Telephone Number	
	Email Address	

BSW Field Instructors

	<i>Name of BSW Field Instructor</i>	<i>BSW Degree?</i>		<i>Year Graduated</i>	<i>MSW Degree?</i>		<i>Year Graduated w/MSW</i>	<i>Name of College/University</i>	<i>Georgia LCSW</i>		<i>E-mail Address</i>	<i>Previous Field Instructor</i>	
		<i>Y</i>	<i>N</i>	<i>With BSW</i>	<i>Y</i>	<i>N</i>	<i>Y</i>		<i>N</i>	<i>Y</i>		<i>N</i>	
1.													
2.													
3.													
4.													
5.													

Type of Agency:

<i>Please check as many as applies to your Agency:</i>							
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Physical Disabilities	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	School
<input type="checkbox"/>	Developmental Disabilities	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	Occupational	<input type="checkbox"/>	Gerontology
<input type="checkbox"/>	Forensic	<input type="checkbox"/>	Health Care	<input type="checkbox"/>	Child Welfare	<input type="checkbox"/>	Public Welfare
<input type="checkbox"/>	Chemical Dependency	<input type="checkbox"/>	Youth Services	<input type="checkbox"/>	Adult Welfare	<input type="checkbox"/>	

Service Setting

<i>Please check as many as applies to your Agency:</i>											
<input type="checkbox"/>	Inpatient Services	<input type="checkbox"/>	Outpatient Services	<input type="checkbox"/>	Residential Care Facility	<input type="checkbox"/>	Home-Based Services	<input type="checkbox"/>	Day Treatment	<input type="checkbox"/>	Community Based Social Services

Hours of Operation

<i>Please check as many as applies to your Agency:</i>			
	Morning Hours of Operation	Afternoon Hours of Operation	Evening Hours of Operation
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Agency Services Provided

<i>Please check as many as applies to your Agency:</i>		
Home visits	Short-term services	Interdisciplinary collaboration
Individual services	Long-term services	Treatment planning
Couples services	Crisis intervention	Discharge planning
Family services	Psychotherapy	Program evaluation
Bio-psycho-social assessments	Milieu treatment	Policy advocacy
Group work	Case management	Research
Multi-axial diagnoses	Court Coordinator	<i>Other:</i>
Psycho-education	Information and referral	<i>Other:</i>

Populations Served

The BSW program adheres to accreditation mandates that students commit themselves to seeking social and economic justice for all vulnerable populations, as identified by race, class, gender, color, ethnicity, immigration status, language, culture, religious preference, sexual orientation, geography, age, disability status, or political ideology. Below, please describe the client population served by your Agency.

Agency Activities Available to BSW Field Students

<i>Please check as many as applies to your Agency:</i>		
Home visits	Short-term services	Interdisciplinary collaboration
Individual services	Long-term services	Treatment planning
Couples services	Crisis intervention	Discharge planning
Family services	Psychotherapy	Program evaluation
Bio-psycho-social assessments	Milieu treatment	Policy development
Group work	Case management	Research
Multi-axial diagnoses	Court Coordinator	Program development
Psycho-education	Information and referral	<i>Other:</i>
Community education	Grant writing	<i>Other:</i>

Agency Meetings

<i>Please describe any meetings that may be required or recommended for BSW students placed in your Agency (e.g., multi-disciplinary treatment meetings, staffings, rounds, case conferences, departmental meetings, group supervision, staff development opportunities, etc.).</i>

Agency Requirements

<i>Please indicate any of the following requirements your Agency has for BSW field students.</i>					
	Medical clearance		Tuberculosis TB test		Drug testing
	Proof of legal residence		Criminal Background Check		Resume
	Fingerprinting		<i>Other:</i>		<i>Other:</i>

Stipends and Fellowships

<i>If your Agency offers stipends or fellowships to BSW Students, please name and describe the qualifications and application process below.</i>

Transportation

<i>Please describe the location of your Agency and access to public transportation, if any.</i>

Disabilities Accommodations

Please describe your Agency's accommodations for BSW Students with disabilities.

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Agency Census

Please describe the average number of clients receiving social work services throughout the year.

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Number of BSW Students Accepted by the Agency Each Semester

Please describe the number of BSW Students your Agency accepts each semester. Please include information on other BSW programs from which you accept BSW Students.

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Other Pertinent Information

Please describe any other information you believe the BSW Program and its graduate students should know about your Agency.

Please attach any brochures or information about your Agency that the BSW Field Program can keep on file for students seeking a field placement. Thank you very much for your support of our BSW program.

Signature of the Educational Coordinator of the Agency

Date

Signature of the BSW Field Coordinator

Date

*****DO NOT WRITE BELOW THIS LINE*****

Comments:

Signature of BSW Field Coordinator

[Date]