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|  | **Office of Social Work****Field Education** |

## NEW AGENCY INTERN REQUEST

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| **GENERAL AGENCY INFORMATION** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Agency Name:** | Click here to enter text. | | |  | |  |
|  |  | | |  | |  |
| **Address:** | Click here to enter text. | | |  | | Click here to enter text. |
|  | Street Address | | |  | | Suite or Unit # |
|  | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. |
|  | City | | | State | | ZIP Code |
| **Main Phone:** | ( Click here to enter text.) | | |  | | |
| **Agency Specialization:** | | Click here to enter text. | | | | |
| **Hours of Operations:** | | Click here to enter text. | | | | |
| **Field Placement Locations:** | | Click here to enter text. | | | | |
| **Do you have an Affiliation Agreement with Texas State?**  **☐ YES ☐ NO ☐Not sure** | | | | | | |
| CONTACT INFORMATION | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Authorized Agency Contact:** | Click here to enter text. | Click here to enter text. | Click here to enter text. | |  | Last | First | M.I. | | **Title of Contact:** | Click here to enter text. |  |  | | **Phone:** | (Click here to enter text.) | **Email Address**: | Click here to enter text. | | **SOCIAL WORK SUPERVISOR\*:** | Click here to enter text. | Click here to enter text. | Click here to enter text. | |  | Last | First | M.I. | | **Phone:** | (Click here to enter text.) | **Email Address**: | Click here to enter text. | | **Degree Type:** | Click here to enter text. | **Licensure:** | Click here to enter text. | | **Will student interns have supervision for the duration of the internship?  YES  NO** | | | | | **\* A social work student intern must be supervised by a credentialed social work professional. Bachelor’s Degree in Social Work (BSW) with two consecutive years post educational experience or master’s degree in Social Work (MSW) with two consecutive years post educational experience as required credentials. An MSW student intern may only be supervised by an MSW degreed person. Please attach a resume/vitae of the credential social work professional for verification of degree and experience.** | | | | | | | | | | |
| PRACTICUM INFORMATION | | | | | | |
| Student Intern Level by SemesterFall semester begins in late August to early December (15 weeks)  * Spring Semester begins in late January to early May (15 weeks) | | | | | | |
| **BSW – GENERALIST**  Fall Spring | | | **MSW FOUNDATION - GENERALIST**  Fall Spring | | **MSW ADVANCED YEAR**  Fall Spring | |
| **Other Considerations:**Click here to enter text. | | | | | | |
| Do you have paid internships or stipends available for student? | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Yes |  | No | Please provide details:Click here to enter text. | | | | | | | |
| Internship Learning Opportunities (check all that apply) | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Case Management |  | Casework |  | Group Facilitation | |  | Investigations |  | Intake |  | Information/referral | |  | Education/Training |  | Crisis Intervention |  | Client Advocacy | |  | Individual Assessments |  | Discharge Planning |  | Policy Advocacy | |  | Supervised Individual Therapy |  | Home Visits |  | Research | |  | Supervised Group Therapy |  | Housing Assistance |  | Grant Management | |  | Supervised Family Therapy |  | Community Organizing |  | Program Development | |  | Legislative |  | Program Evaluation |  | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **STUDENT INTERN DUTIES\*\***: **IF A STUDENT INTERN JOB DESCRIPTION IS AVAILABLE, PLEASE ATTACH TO THIS REQUEST. IF A JOB DESCRIPTION IS NOT AVAILABLE, PLEASE PROVIDE INFORMATION REGARDING THE TYPES OF DUTIES AND RESPONSIBILITIES A STUDENT INTERN WILL PERFORM IN THE AGENCY.** | | | | | | | |
| **\*\*Please note***: Student interns are covered by professional liability insurance to protect against potential claims arising from acts, error or omission in rendering services of a professional nature. It does not provide coverage for a student’s automobile, health, or medical coverage if a student becomes ill or sustains an injury while performing field related activities. Students are not authorized to transport clients, use agency vehicles, or travel out of state for field related activities.* | | | | | | | |