

REQUEST FOR FIELD INTERNSHIP IN PLACE OF EMPLOYMENT



Students interested in a work placement must submit this form and required attachments to the Field Education Director. Submitting this form does not guarantee approval of the request.

Students must have been in their place of employment for a minimum of six months and must have a BSW or MSW field supervisor other than their employment supervisor. The internship must provide the student with experiences that are distinctly different from the student's regular job responsibilities.

This form requires collaboration between the student, the agency, the employment supervisor and the BSW field supervisor.

1. Student Name _____

Which Semester Will you BEGIN Field:

Fall 20__ Summer 20__ Spring 20__

UTC Student ID # _____ E-mail _____

Length of Employment _____

2. Agency Name _____

Agency Division/Unit/School where employed _____

Agency Division/Unit/School for internship _____

Agency Contact for this Proposal _____

Agency Contact Phone _____

Agency Contact E-mail _____

Is the agency currently an approved UTC Field Agency? Yes No unsure__

3. Student's present job title and job description: ***(Please attach)***

4. ***Attach*** a description of the new assignments and new learning opportunities that the student will be given for internship hours. Please provide the plan for establishing a separation between employment tasks and internship tasks including a distinction between employment supervision and internship supervision.

The following questions require the initials of the student, the employment supervisor and/or the MSW field supervisor as indicated.

1. Student and employment supervisor have discussed salary arrangements for the period of time that the student will be completing an internship at the work place.

Student_____ Employment Supervisor_____

2. Student is employed _____hours per week. Number of these hours that student will be allowed to participate in internship vs. employment activities_____. If no employment hours will be devoted to internship activities, please attach a description of the agreed-upon work/internship schedule.

Student_____ Employment Supervisor_____ BSW Field Supervisor_____

3. Student will be able to meet with the field supervisor each week for the equivalent of 1 hour for the period that student is enrolled in Field.

Student_____ Employment Supervisor_____ BSW Field Supervisor_____

4. Student will have adequate time for internship-related responsibilities

Student_____ Employment Supervisor_____ BSW Field Supervisor_____

Signatures:

Agency Executive Director _____ Date _____
(or designee)

Print Name: _____

Employment Supervisor _____ Date _____

Print Name: _____

BSW Field Supervisor _____ Date _____

Print Name: _____

Student _____ Date _____

Director of Field Education _____ Date _____

Once completed, including all signatures, please return this form and required attachments to:

Jodi Whitted, LCSW
Director of Field Education, Social Work Department
University of Tennessee Chattanooga
Department 3133, Hunter Hall 207B
615 McCallie Avenue
Chattanooga TN 37403-2598
Jodi-whitted@utc.edu
423-425-5838
Fax 423-425-5564