SOCIAL WORK FIELD PLACEMENT AGREEMENT  
Department of Social Work  
The University of North Carolina at Charlotte

In consideration of being permitted to participate in the Social Work Field Practicum Program at UNC CHARLOTTE, I, ___________________________, hereby agree:

1. To spend a minimum of 16 hours per week during the fall semester and 24 hours per week during the spring semester during the 2015-2016 academic year in a field placement at ___________________________.

(agency)

2. To be in the agency between the hours of 8:00 am and 5:00pm on Thursday/Friday (Fall) and Wednesday, Thursday, Friday (Spring) beginning on August 27, 2015 and ending on April 29, 2016.

3. To make arrangements with my field instructor for any absences from the agency during the times specified above. I understand that I am expected to be in the agency except for illness or urgent personal business. When possible, I will arrange for absences in advance and make alternative plans for clients and/or any other duties that are pending.

4. To accept the supervision and instruction of the agency representative designated as my Field Instructor. I understand that I am responsible to my Field Instructor while in the agency and that we will have regular and frequent conferences to assess my learning needs and progress. Supervision conferences will occur for one hour each week during the field practicum.

5. To meet with my Field Instructor and Social Work Faculty Liaison at times that may be designated to evaluate my learning needs and progress. I understand that I am expected to evaluate myself and contribute to the evaluation conferences.

6. To follow the policies, practices, and procedures of my agency as I fulfill my responsibilities as a social work student. I will consult with my Field Instructor about policies and procedures I do not understand or find difficult to accept.

7. To arrange with my Field Instructor for use of any materials from agency records to be used in social work Field Placement seminar assignments. I understand that I am not to tape record interviews without special permission from the client, my Field Instructor, and my Social Work Faculty Liaison.

8. To regard all information I receive concerning clients as confidential. I will not use names of clients or other identifying information about them outside the agency.

9. To be responsible for providing my own transportation to and from the agency.
10. The student is **not** to transport clients as part of this field practicum.

11. The student is to assume personal and professional liability by carrying the level of liability insurance deemed appropriate by the agency. I understand that if I use my personal car for agency business I will be reimbursed for travel at the rate of ______ per mile. Insurance premiums may be raised for the student in accordance with the policies of their own insurance company.

12. Any exceptions or additions to the provisions of this agreement which have been agreed to by the social work student, the Field Instructor and the Social Work Faculty Advisor are to be entered below.

13. Field Agency and Field Instructor contact information:

**Agency**
- Name :_______________________________________
- Physical Address :________________________________
- Mailing Address :________________________________
- Phone Number :_________________________________
- Fax Number :___________________________________
- Website :______________________________________

**Field Instructor (Day To Day)**
- Name :_______________________________________
- Physical Address :________________________________
- Mailing Address :________________________________
- Phone Number :_________________________________
- Extension :_____________________________________
- Fax Number :___________________________________
- Email Address :_________________________________

**If Field Instructor is not a BSW or MSW, please complete contact information below for the person who will be providing 1 hour/week Clinical Supervision for BSW Student:**
- Name :_______________________________________
- Physical Address :________________________________
- Mailing Address :________________________________
- Phone Number :_________________________________
- Email Address :_________________________________

Field Instructor Orientation Needed:  Y or N  (Check Y if you have not attended in the past.)

Agreed this the _____ day of ________________, 20____.

_________________________________  _______________________
Field Instructor                                Social Work Student