

Employment Based Proposal (EBP)
BSW SOWK 489

Student Name: _____

Academic Year: _____

Practicum Location w/ address:

Employment Position/Title: _____

How long have you been employed with this agency: _____

Employment supervisor: _____

Email Address: _____

Phone Number: _____

Proposed Field Instructor: _____

Email Address: _____

Phone Number: _____

Task Supervisor (if applicable): _____

Email Address: _____

Phone Number: _____

Student Advisor: _____

Have you checked with Diana Joyce dsjoyce@radford.edu for confirmation of an Affiliation Agreement on file with this agency?

Yes_____ No_____

If not, please contact Diana Joyce immediately before moving forward with this proposal.

With this proposal narrative attach the following:

- Signed Letter of Approval
- Agency job description (do not send screenshot)

Are you in good standing with your agency?

Yes_____ No_____

Students must recognize that every hour of employment does *not* count toward field hours. Field hours must be specified and must include duties which correlate to the Competencies. These hours are considered internship hours. Employment hours must also be specified although these do not count towards internship hours. Please specifically list days and times.

Please indicate which hours of employment will be counted toward your internship hours.

Does your Field Instructor meet the educational requirements? (BSW from a CSWE-accredited school with at least with two years of experience post degree)

Yes ___ No ___

Has this person agreed to provide weekly supervision for one hour?

Yes ___ No ___

Is the proposed field instructor aware of our policy regarding supervision? “BSW students may participate in weekly social work group supervision, but individual weekly social work supervision must be provided a minimum of two times per semester.”

Yes ___ No ___

Has this person agreed to attend the field instructor orientation that will be held prior to the start of your internship?

Yes ___ No ___

Is there an agency policy regarding termination and its effect on an internship?

Yes ___ No ___

If yes, please explain

Read each of these bullets and sign indicating you understand and agree:

- Should I consider quitting my employment, I must make immediate contact with the Field Coordinator and provide any updates on my situation. _____ Initial Here
- I understand if this proposal is approved, it is only for this proposed internship. _____ Initial Here
- Should I quit this employment, I cannot automatically change internships and I may have to restart field hours. _____ Initial Here
- Should I quit or be terminated from this employment, I may have to restart internship hours. _____ Initial Here

Read each of these bullets and sign indicating you understand and agree:

- I am authorizing my employer/placement agency to release to the Radford University School of Social Work Program information regarding my performance, if said performance results in termination, disciplinary action or employment suspension. The Radford University School of Social Work may consider this information in rendering a decision about my continued participation in the field practicum course. I do hereby agree to hold such employers/agencies, references, persons, etc., harmless from liability for releasing said information.

Signature: _____

Educational objectives (Learning Agreement can be found on our website)

https://www.radford.edu/content/dam/colleges/wchs/socialwork/documents/field_documents_website/BSW%20489%20Learning%20Agreement.pdf

Student **Name**

Student **Signature**

Field Instructor **Name**

Field Instructor **Signature**

Employment Supervisor **Name**

Employment Supervisor **Signature**

For the Field Office:

Does this agency meet the Competencies?

_____ Yes _____ No

Approved:

_____ Yes _____ No _____ Date