



Child Welfare University Partnership Program Application

Application Due February 13

Return Application to: **UPP@ohio.edu**

Tracy A. Pritchard, LISW-S, UPP Campus Coordinator & Course Instructor
Kortnie Weisenberger MSW, LISW-S, Assistant UPP Campus Coordinator

Student Information

Full Name	
PID	
Local Address	
City, State, Zip Code	
Email Address	
Phone	() -

Permanent Contact Information

Permanent Address	
City, State, Zip Code	
Phone	() -

Academic Information

Current GPA		Overall GPA		Social Work GPA	
Current Year in School		Expected date of Graduation			
Social Work Major?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
MSW Applicant	<input type="checkbox"/> YES <input type="checkbox"/> NO	If MSW Applicant, Please indicate the date of graduation and program			

Optional – For Statistical Purposes Only

Date _____ of _____ Birth _____
Race _____
Ethnicity _____
Gender _____

Educational History

College Attended	Dates of Attendance	Degree Received	Date of Graduation

Previous Field Experience(s)

Agency	Dates of Experience	Duties	Field Instructor

Current and Previous Child Welfare Experience(s)

Agency	Dates of Experience	Duties	Supervisor

Experience Working With Children and Families

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Do You Receive Financial Aid?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Academic Awards, Scholarships, Publications, & Presentations

Title of Academic Awards, Scholarships, Publications, & Presentations	Description of Academic Awards, Scholarships, Publications, & Presentations	Date

Employment History For the Past Two (2) Years (attach resume to application)

Place of Employment	Job title	Duties	Dates of Employment	Work Days & Hours

History of Employment with Public Children Services Agency (PCSA)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Volunteer/ Community Service Experience During the Past Two Years

Agency	Dates of Service	Duties	Agency Address	Supervisor	Phone

Professional References

Name	Agency	Address	Phone

Languages Spoken Fluently

Languages Spoken Fluently

Transportation

Transportation			
Do you have a reliable car with insurance?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Automobile Insurance Company			
Policy #			
Are you willing to transport clients as part of field placement?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Driver's License Number			
Automobile	Make		License Number

Please list or identify any *physical conditions, family responsibilities, or work commitments* that might require consideration. This information will assist in the planning of your field placement.

Please list or identify any <i>physical conditions, family responsibilities, or work commitments</i> that might require consideration. This information will assist in the planning of your field placement.

Applicants Please Note: All child serving agencies are mandated by law to conduct criminal background checks, fingerprinting, and drug screening on all students serving in internships or field placements and all new employees. Students applying for CWUPP are hereby notified that having a felony conviction or sanctions for unprofessional conduct will impact potential for obtaining field placement as well as social work licensure and future employment as a social worker. Previous family involvement with children services may impact potential for obtaining field placement and employment at some children services agencies. Driving records that include moving violations and driving under the influence may impact potential for obtaining field placement and employment at some children services agency due to the necessity of transporting clients.

Personal Statement

Please type your responses to the following questions (do not exceed 2 pages):

1. What is your understanding of the duties and responsibilities of a public child welfare worker?
2. What is it about child welfare and /or child protective services that attracted you to the field?
3. What areas of public child welfare are you interested?
4. What is your motivation for participating in University Partnership?
5. What experiences and personal strengths do you bring to the child welfare profession?
6. Describe level of comfort working with diverse families?
7. Please discuss any personal or family issues that may present obstacles to your successful completion of this program. How will you deal with such obstacles or challenges as you meet the expectations of this program and the county child welfare agency?
8. What are your career goals?
9. Are you willing to commit to working in the state of Ohio at a public children services agency after graduation for an employment commitment equal to your years of program participation?

CWUPP-Child Welfare University Partnership Program Case Vignette

For the following vignette, please provide a typed response not to exceed one page

The Smith family consists of a mother, father, and three children, the oldest being Eddie who is 10 years old. A suspected child abuse report alleges that Eddie was severely physically abused because he got bad grades on his report card. When you get to the home, his mother tells you that her husband beats Eddie but she cannot say anything because she is afraid of her husband. You have done a criminal records check and found out that he was convicted of an assault charge related to domestic violence two years ago.

As a public child welfare worker, what would be your goals here? Describe three things that you would do to address your goals.

Include the Personal Statement and Case Vignette with the Application

Ohio University

Child Welfare University Partnership Program Field Placement Disclosure Form

Field Placement has as its purpose the opportunity for students to integrate classroom theory with client systems practice and to develop professional identity and skills. Practice takes place in a broad range of social service settings. The market of available placement positions is limited, and agencies are highly selective of the students they accept. Some agencies require and execute background checks for misconduct, such as felony convictions or documented violations of the National Association of Social Workers code of Ethics.

Ohio University School of Social Work requires each field applicant to sign this disclosure form. This form allows the School to inform a student's prospective field agencies of current or past felonious convictions; or other disciplinary procedures or other misconduct in violations of institutions where the individual may have attended; or other misconduct in violation of the NASW Code of Ethics. Agencies need this information in order to accept you as a student.

Please sign this form and submit it with your Child Welfare University Partnership Program Field Application. No application will be processed without this form.

I hereby grant permission for the Ohio University School of Social Work's Child Welfare University Partnership Program to notify any agency to which I apply as a field student to my current or past documented felony conviction, criminal misbehavior, or other misconduct in violation of the NASW Code of Ethics. I further attest that I have discussed with the officials of Ohio University Child Welfare University Partnership Program any current and /or previous criminal background information, which is inclusive of moving violations, misdemeanors, and felony charges and convictions.

Print Student Name: _____

Signature: _____

Date: _____

RELEASE OF INFORMATION AUTHORIZATION

I, the undersigned, hereby authorize representatives of the Ohio University Social Work Program to obtain from Ohio University's Registrar's Office and release to the Ohio Department of Job and Family Services, my academic enrolment records for any period during which I am enrolled in the Child Welfare University Partnership Program. The records to be released include courses registered for and completed during the period in which I am affiliated with the CWUPP and the credit hours associated with each course. The information will be released to the Ohio Department of Job and Family Services (ODJFS), currently administering the Title IV-E scholarship funds for the CWUPP for the purposes of determining the scholarship award I will receive upon graduation from Ohio University and employment in a public children service agency in Ohio, and any additional reimbursement ODJFS will provide the Ohio University Social Work Program for program administration.

Name (please print)

Signature

Date



Permission for Post Graduation Contact

Print Name _____

Sign Name _____

Date _____

UPP Post Graduation Information

Student Contact Information		
Permanent Address		
City		
State, Zip Code		

UPP Post Graduation Information (For Campus Coordinator Use Only)

Pre/Post Results	Pretest Score		Posttest Score	
Number of Years in UPP Prior to Current Involvement				
Student Accepts Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Date of Hire				
Agency	Agency Address	Supervisor Upon Hire	Supervisor Phone	Supervisor Email