**Wright State 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.

The Wright State University Department 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 Department 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 Wright State 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 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_