



# North Carolina Child Welfare Education Collaborative

## BSW Child Welfare Training Waiver Application

**Date of application:** \_\_\_\_\_

**BSW PROGRAM:**

Application for Academic Yr. Beginning 20 \_\_ Ending 20 \_\_\_\_\_

Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

Have you previously applied to the Collaborative?  Yes  No

- |  |  |
|--|--|
| <input type="checkbox"/> Appalachian State University      | <input type="checkbox"/> NC State University |
| <input type="checkbox"/> East Carolina University          | <input type="checkbox"/> UNC-Charlotte       |
| <input type="checkbox"/> NC Central University             | <input type="checkbox"/> UNC- Wilmington     |
| <input type="checkbox"/> _____ Western Carolina University |  |

### PART ONE

Name: \_\_\_\_\_  
 Title(Ms., Mr., Mrs.) Last First Middle Preferred

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_

Is English your primary language?  Yes  No If **No**, what is your primary language? \_\_\_\_\_

In addition to your primary language, what languages do you speak?

| Language | Level of Proficiency (check one)               |  |                                    |
|----------|--|--|------------------------------------|
| 1. _____ | <input type="checkbox"/> fluent (read & speak) | <input type="checkbox"/> conversational (speak only) | <input type="checkbox"/> read only |
| 2. _____ | <input type="checkbox"/> fluent (read & speak) | <input type="checkbox"/> conversational (speak only) | <input type="checkbox"/> read only |
| 3. _____ | <input type="checkbox"/> fluent (read & speak) | <input type="checkbox"/> conversational (speak only) | <input type="checkbox"/> read only |

Are you are a resident of North Carolina?  Yes  No If **No**, in what state are you a resident? \_\_\_\_\_

What will be your student status during the academic year for which you are applying?  FULL TIME  PART-TIME

Will you be a junior or a senior at the beginning of the academic year for which you are applying?  JUNIOR  SENIOR

What is your GPA: \_\_\_\_\_ Overall \_\_\_\_\_ Social Work Program **Expected Graduation Date:** \_\_\_\_\_

Have you ever been convicted of any unlawful offense (other than a minor traffic violation)?  Yes  No

If **YES**, list the date of the conviction and crime for which you were convicted: \_\_\_\_\_  
 \_\_\_\_\_

Driver's License Information: State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 (mm/dd/yr)

Auto License State & Number: \_\_\_\_\_ Do you have access to a dependable automobile for use in field placement?  Yes  No

Automobile Insurance Carrier: \_\_\_\_\_ Will your carrier permit use of your automobile for business purposes?  Yes  No

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## PART TWO

Are you **currently** employed by a county Department of Social Services or by NC Division of Social Services?  Yes  No

If **No**, go to Part Three of this form. If **Yes**, will you continue your current employment while a student?  Yes  No

If **Yes**, Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agency Telephone: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_

Position Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Are you (or will you be) on educational leave from this agency?  Yes  No

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## PART THREE

• Do you have previous human service experience?  Yes  No

**PREVIOUS PAID HUMAN SERVICE EXPERIENCE** (in months & years): **Private For Profit** - \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.;

**Private Non Profit** - \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. ; **Public** - \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

**Type of work:** \_\_\_\_\_

• Do you have previous child welfare experience?  Yes  No

**PREVIOUS PAID CHILD WELFARE EXPERIENCE** (in years & months) \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

**PREVIOUS VOLUNTEER CHILD WELFARE EXPERIENCE** (in years, months and/or hours): \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Hrs.

If **NOT** currently employed in a Department of Social Services (DSS), do you have you previous paid work, volunteer, or internship experience in a DSS?  
 Yes  No (If you are currently employed with a DSS, make sure you complete Part 2 of this form)

If **Yes**, name of DSS agency: \_\_\_\_\_

Program Unit \_\_\_\_\_

Length of Experience \_\_\_\_\_ Was this work :  Paid  Volunteer  Internship  Combination

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## PART FOUR

Please include a brief (2-3 pages) statement addressing the following areas:

1. Discuss your motivation for wanting to work in a public child welfare setting.
2. Discuss your understanding of the commitment involved in accepting a North Carolina Child Welfare Education Service Award.
3. What are your career goals (i. e., where do you see yourself five years from now?)
4. Discuss personal strengths and limitations you might bring to the field of public child welfare.

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## PART FIVE

Please list **all** degrees obtained beginning with you undergraduate degree(s):

1. Institution: \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_ Yr. of Graduation \_\_\_\_\_

2. Institution: \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_ Yr. of Graduation \_\_\_\_\_

3. Institution: \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_ Yr. of Graduation \_\_\_\_\_

**PART SIX**

Please attach a **current** resume. Be sure to indicate **all child welfare experiences**.

*I hereby authorize the Service Awards Selection Committee of the Child Welfare Education Collaborative to review my School of Social Work application and academic file.  
I understand that I am required to provide my Social Security Number with this application so CWEC can fulfill its reporting obligations under Federal and state tax laws. Unless this sentence is struck through, I also voluntarily permit CWEC to use my Social Security number for its internal record keeping and information management operations.*

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

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***For Collaborative Office Use Only:***

- Offered and Accepted                       Not Offered                       Admission Offered but Student Declined

**Comments:**

**Coordinator Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_