



North Carolina Child Welfare Education Collaborative

MSW Child Welfare Training Waiver INFORMATION DATA FORM

Complete this form only if you are planning to complete NC Division of Social Services Child Welfare Pre-Service Training requirements.
See the Collaborative Liaison or Coordinator for instructions and additional information

Date of application: _____

MSW PROGRAM:

Application for Academic Yr. Beginning 20_____ Ending 20_____

Have you previously applied to the Collaborative? Yes No

If yes, application was for MSW Program BSW Program

____ ECU Full Time Program Part-Time Program

____ JMSW Location if part-time program

____ UNC-CH _____

PART ONE

Name _____

Title (Ms., Mr., Mrs., or Dr.) Last First Middle Preferred

Address _____

City State Zip

Telephone: Home () _____ Work() _____ Email Address _____

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"/> basic	<input type="checkbox"/> intermediate	<input type="checkbox"/> read only
2. _____	<input type="checkbox"/> basic	<input type="checkbox"/> intermediate	<input type="checkbox"/> read only
3. _____	<input type="checkbox"/> basic	<input type="checkbox"/> intermediate	<input type="checkbox"/> read only

What will be your MSW program status during the academic period for which you applying? *Check one:*

Foundation Advanced Advanced Standing

Expected Graduation Date _____

In what MSW curriculum track will you be enrolled during the academic period for which you are applying?

Full Time *Part-time *If Part-time, what year will you be in the program?

Check one: 1st 2nd 3rd 4th

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: _____

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

Part Three

• Do you have previous human service experience? Yes No

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

Private Non Profit - ____ Yrs. ____ Mos. ; **Public** - ____ Yrs. ____ Mos.

• 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 months & years): ____ Mos. ____ Yrs.

If **NOT** currently employed in a Department of Social Services (DSS), do you have 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 Employment _____ Was this work : Paid Volunteer Internship Combination

PART FOUR

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 _____

What was your undergraduate GPA (for your most recent undergraduate degree)? _____

PART FIVE

I hereby attest that the above information is true and correct.

I understand that I am required to provide my Social Security Number with this application so the NC-CWEC can fulfill its reporting obligations under Federal and state tax laws. Unless this sentence is struck through, I also voluntarily permit the NC-CWEC to use my Social Security number for its internal record keeping and information management operations.

Student's Signature _____ Date _____

For Collaborative Office Use Only:

Comments:

Waiver Student Completed Waiver Requirements as of _____
(Please update information in Collaborative Database)