

**CHILD WELFARE TRAINING GRANT (IV-E) APPLICATION
2008-2009 (Total of 4 Pages)**

Name _____

Address

Summer Address (if Different)

E-mail Address

Phone # (Also summer if different)

Do you have a BSW? If so, from where? _____

Are you entering as a first year (Professional Foundation Student)? _____

Are you entering as a 2nd year (Concentration Year Student)? _____

Are you a Wisconsin Resident? _____

Are you a Minnesota Resident? _____

Are you an out-of-state resident (other than Minnesota)? _____

Which state? _____

Are you a graduate of any other Child Welfare Training Program? ___

If so, from which school _____

Please answer the questions on the following pages and review the conditions of participation for the training program in the Attachment. Applications must be received by April 25, 2008 for consideration.

**Thank you for applying! Contact Susan Michaud at
smmichaud@wisc.edu or 608-263-5612 if you have any questions.**

Please answer as fully as you can the questions on this page limiting yourself to 5 typed pages.

- 1. Please describe as specifically as you can why you are interested in this traineeship and why you want to do public child welfare work.**
- 2. What prior field, work, or volunteer experience have you had in the field of child welfare or family and children's services? If limited, please describe what you believe to be relevant life experiences that would be useful to you in public child welfare work and how these experiences relate to public child welfare.**
- 3. What educational experiences have you had that you think would be useful in preparation for public child welfare work? In what way would these experiences be useful?**
- 4. What personal qualities do you have that would make you a good public child welfare professional? Please also describe how these qualities would be useful in public child welfare.**
- 5. Discuss areas where you think you might need further exposure, growth or development in order to become an effective child welfare professional.**
- 6. Describe your short-term (up to 5 years from now) and long-term goals (up to 10 years from now) career goals.**
- 7. Please describe your interest areas in Child Welfare practice (e.g. Children's Protective Services, Foster Care, Special Needs Adoption and Direct Practice or Administration/Management/Policy).**
- 8. Please describe any other factors that you would like taken into consideration in applying for this traineeship.**
- 9. Would you be available for an interview for the Traineeship if required?**

The Child Welfare Training Program requires that you be placed in a public child welfare agency or with an agency related to public child welfare work. To help us place you if accepted into the Training Program, please rank order which of the following field units you would be most interested in with 1 as your first choice.

_____ **Child and Family Welfare (private human service agencies)**

_____ **Dane County Human Services**

_____ **Jefferson/Rock/Green Sauk County Human Services**

If you have a preference among these counties, please specify

_____.

_____ **Social Policy (Available only to Concentration Year students and those interested in the macro practice track)**

Conditions of participation in the Training Program are found in the attachment on the next page. Please review them. Would you be able to comply with all these requirements?

_____ **Yes (if so, please sign attachment page)**

_____ **No (please comment)** _____

After filling out attachment page and answering questions, please mail your application to:

Susan Michaud, Ph.D.

School of Social Work

University of Wisconsin-Madison

1350 University Avenue

Madison, WI 53706

ATTACHMENT TO APPLICATION

With acceptance of the Public Child Welfare Traineeship, the Trainee agrees to the following:

- 1. To complete the Training Curriculum in Public Child Welfare (Professional Foundation or Concentration as appropriate). Please note that students who will be two year Master's students and accepted into the Traineeship are expected to complete both years of the Training Program.**
- 2. To participate in all Traineeship-related activities.**
- 3. To maintain full-time status as a graduate student (carrying 8 or more credits each semester).**
- 4. To provide the School of Social Work with documentation of expenses related to the Traineeship (e.g. receipts, mileage requests).**
- 5. Upon graduation, to accept full-time employment within 90 days of graduation in a professional level position performing public child welfare functions in a State, County, or Tribal Agency in the State of Wisconsin.**
- 6. To remain employed in such a position for at least 12 months of full-time employment for every year in which money was received. Please note that students need to be willing to take AVAILABLE positions with the State which may necessitate relocation.**
- 7. To comply with any employment procedures established by the School and provide the School with all requested data related to employment efforts.**
- 8. To agree to be tracked for the purposes of ensuring compliance with the time period commitment and program evaluation.**

Please note that failure to complete the Training Program or comply with any of the above requirements will require Trainee to pay back to the school all monies paid to the Trainee.

Please sign _____ Date _____