**College of Social Work and Community Development**

**Department of Community Development**

**Field Instruction Program (FIP)**

**APPLICATION FOR FIELDWORK**

**NOTE: Requirements for MCD applicants: Earned 18 units of core CD courses composed of CD 201, 202, 221, 231, 241, and 291. For foreign students, demonstrate proficiency in conversational Filipino.**

***The information that you will provide in this application form are treated as confidential and will be used by the Field Instruction Program Committee of the Department of Community Development for purposes of evaluation for admission into the FIP as well as in planning and other necessary preparations for the conduct of the modified fieldwork such as but not limited to topics for the FIP Orientation, support for mental health, and the like.***

**Basic Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | | | | | | **Nickname** | | | |  | | | |
| **Student No.** | |  | | | | **Email** | | |  | | | **Mobile No.** | | | | |  | |
| **Degree Program** | | MCD | **Age** |  | | | **Date of birth** | | |  | | | **Sex** |  | | **Civil Status** | |  |
| **Residential Address** | |  | | | | | | | | | | | | | | | | |
| **Please mark X on your preference** | | | | | | | | **Pls. indicate any concerns, questions, suggestions, etc. if any.** | | | | | | | | | | |
| **Presuming alert levels and CHED-IATF approvals are in place, will you enroll in a limited face-to-face Modified Field Instruction Program?** | | | | |  | | |
| **Or will you prefer to enroll in a remote/online Modified FIP?** | | | | |  | | |

**Current Work/Employment Information (if applicable)**

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| --- | --- |
| **Name of Employer** |  |
| **Office Address and Contact Nos.** |  |
| **Current Position/Work** |  |
| **Since FIP/CD280 in the regular semester requires a full 3-days per week (even IF it is on remote/online), will you be allowed to go on short work leaves?** | *(Please indicate as well if you would need a certificate of enrollment in FIP for your employment.)* |

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| **Educational Background of FIP Applicant** |

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| --- | --- | --- | --- |
| **High School** |  | | |
| **College** |  | **Degree Obtained** |  |
| **Graduate** |  | **Degree Obtained** |  |

**Parent/ Guardian Information**

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| --- | --- | --- | --- |
| **Name of Parent** | |  | |
| **Address and Contact Nos. of Parent** | |  | |
| **Please mark X on your preference** | | | *Pls. indicate any concerns, questions, suggestions, etc. if any.* | |
| **Presuming alert levels and CHED-IATF approvals are in place, will they allow you to enroll in a limited face-to-face Modified Field Instruction Program?** |  | |
| **Or will they prefer you to enroll in a remote/online Modified FIP?** |  | |

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| **CD Courses Taken** |

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| --- | --- | --- |
| **CD Courses Taken** | **Faculty/ Instructor** | **Grade Obtained** |
| CD 201 |  |  |
| CD 202 |  |  |
| CD 221 |  |  |
| CD 231 |  |  |
| CD 241 |  |  |
| CD 291 |  |  |
| **Add other courses already taken (CD, cognates, electives)**  **\*\*\*Add more rows as needed** | | |
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**Current Class Schedules \*\*\***

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| --- | --- | --- | --- | --- |
| **Subject** | **Day** | **Time** | **Instructor** | **Standing** |
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\*\*\* As of first sem AY2021-2022; If on Residence, LOA, AWOL, please indicate under Subject.

**Previous Work/Employment Experiences**

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| --- | --- | --- |
| **Work area/Employer** | **Inclusive Dates** | **Nature of work/employment** |
|  |  |  |

**Field Exposure/ Fieldwork Experiences**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area/ Location & Partner Organization** | **Sector** | **Inclusive Dates** | **Programs, Projects, Activities Involved in** |
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**Organizational Affiliations** (Academic and Non-Academic, within and/or outside UP)

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| --- | --- | --- |
| **Organization** | **Position** | **Inclusive Dates** |
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**Skills and Interests**

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| --- | --- |
| **Language/ dialects spoken** |  |
| **Trainings/ seminars attended** |  |
| **Special Skills/ Interests** *(particular emphasis on use of apps & other internet/ computer-based technologies for remote FIP)* |  |

**Health and Medical Information**

1. Have you been hospitalized/ received/ are receiving special medical treatment for any ailment/ illness? If yes, please state illness/ ailment and inclusive date of confinement/ medical check-up/ consultation
2. Are you currently taking maintenance medicines/drugs for any medical condition/s? If yes, please state ailment/s/ medical condition/s and the medicines/ drugs being currently used.
3. Do you have any physical difficulties/medical conditions/mental health conditions/family situations/etc. that may have a bearing on your fieldwork, either remote or limited face to face, in the context of the current pandemic? If yes, please explain.
4. How have you been handling stress, anxiety, or depression?
5. Have you been infected with COVID-19? If yes, how are you now physically and mentally in terms of recovery?
6. Have you been fully vaccinated against COVID-19?

**Student’s Preparedness for Fieldwork**

1. What is your understanding/ definition of community development?
2. What do you think is your role in the development of communities?
3. What do you expect to learn from fieldwork?
4. What knowledge and skills do you think still need to prepare yourself for fieldwork?
5. What knowledge and skills do you think you can already contribute/ share with your fieldwork partner communities and beneficiaries?
6. What do you think should your team put in place or agree on to ensure good teamwork? How do you deal with difficult situations/tensions in a group/team?
7. What limitations/ difficulties/ struggles do you think you will face/experience during fieldwork?
8. What will you do with the degree (MCD) that you will earn after you have completed all academic requirements?

**Suggestions for FIP Orientation and others**

Please indicate your suggestions for the consideration of the FIP Committee, e.g., topics to be included in the FIP Orientation, consultations, etc.

**Applicant’s declaration and signature:**

I hereby declare that this application form has been accomplished by me and it contains true, correct and complete information.

**SIGNATURE OVER PRINTED NAME**

**Date Accomplished**:

***Submit to the DCD FIP Coordinator (***[***pnmuego@up.edu.ph***](mailto:pnmuego@up.edu.ph) ***&*** [***dcd.fip@gmail.com***](mailto:dcd.fip@gmail.com)***) on or before November 3, 2021. Applications submitted after the due date will not be prioritized for processing. Thank you.***