

DEPARTMENT OF VETERANS AFFAIRS

VA St. Louis Health Care System 915 North Grand Blvd St. Louis, MO 63106-4199 (314) 652-4100

VA SOCIAL WORK INTERNSHIP APPLICATION

Name	
Street Address	
City State Zip Code	
Home Phone	
Cell Phone	
Alternative Phone	
E-mail Address	
University	
1. How did you learn of potent	ial practicum opportunities at the VA St. Louis Health Care System?
2. Have you completed a previ	ous practicum or internship, if so, when and where?
3. Do you have any specific goa	als that you would like to accomplish during your practicum?
-	ipate working during an internship, such as days of the week and k three standard work days (20 hours a week)?

VA Social Work Internship KSAs

On a separate sheet of paper, please summarize your current Knowledge, Skills and Abilities (KSAs) in these areas:

- 1. Share experiences or familiarity you may have with completing psychosocial assessments, developing and implementing treatment plans, and working collaboratively in a multidisciplinary treatment team setting.
- 2. Describe your education and experience in developing and advocating for solutions.
- 3. Tell us about your training and experience working with clients from various demographics including age, faith, environment, culture, race or ethnicity, gender, socioeconomic status or veteran status.
- 4. Describe your current skills in the use of computer software applications.

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth herein are true and accurate. I understand that if I am accepted as an intern, any false statements, omissions, or other misrepresentations made by me on this application may result in dismissal.

Printed Name	
Signature and Date	

Required Application Documents

Submit these documents by mail or in person to the address below during the open application period.

- Completed application
- O Listed KSAs
- O Current résumé
- **O** Current transcript
- Graduate or professional writing sample
- Faculty reference form

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