



Application for Registered Social Worker

Saskatchewan Association of Social Workers

Edna Osborne House

2110 Lorne Street

Regina, Saskatchewan S4P 2M5

Phone: (306) 545-1922 Toll Free: 1-877-517-7279

- Reinstatement of Registration (_____ Last Year a Member)**
- New Member**
- Upgrade from SASW Student to RSW**

Identifying Information

(Please print all information)

Female

Male

Surname: _____ First: _____ Initial: _____

Home Address:

(STREET)

(CITY/TOWN)

(POSTAL CODE)

Home Phone: _____

E-mail: _____

Current Employment Information

A. Job Title: _____ Supervisor: _____

Name of Employer/Agency: _____

Address: _____

(STREET)

(CITY/TOWN)

(POSTAL CODE)

Work Phone: _____ Work Fax: _____

Date Employment Commenced: _____

B. Area **CURRENTLY** employed in: (please choose ONE function per field of practice)

Health Authority/Region

- mental health
- health promotion
- child & youth
- SWADD/Client Patient Access Services
- other _____
- medical
- administration
- addictions

Ministry of Justice

- custody & access
- victim services
- other _____
- mediation services
- corrections

Ministry of Social Services

- income maintenance
- family violence
- community living
- administration
- adoptions
- other _____
- child protection
- aboriginal services
- social policy
- day care branch
- resources

Government of Canada

- Corrections/parole
- Indian & Northern Affairs
- other _____
- Health Canada

Other Areas of Employment

- Ministry of Learning
- Social Work Educator
- Private Practice
- Ministry of Corrections, Public Safety & Policing
- other _____
- School Social Worker
- Social Work Research
- First Nations Agency

Community Based Organizations

- clinical services
- education
- supervision
- advocacy
- other _____
- case management
- mediation
- administration

SASW Office Use

Date Received: _____

Date Approved: _____

Fee Paid: _____

Registrar's Approval/Initials: _____

Membership Type: FT PT NP Student Associate

Receipt Number: _____

Employer Paid: Yes No

Registration Number: _____

Comments:

Education

Please list only your **SOCIAL WORK** credentials:

Degree/Diploma	Year Graduated	Institution & Location

You are required to request from the academic institution in which you obtained your social work certificate/degree a transcript of marks. This transcript must be forwarded directly to SASW Office by the academic institution & must be an original. The transcript must indicate that the social work degree has been awarded and conferred. **If the name on this application form is different from the name which appears on the transcript, the Registrar requires a written statement stating that you are using a different name and that you are the same person as named on the transcript.**

Letter of Reference (must be included with application)

A character reference is required from either a registered social worker or your most recent/current employer. In the case of a recent graduate, the character reference must be completed by the field practicum supervisor, or by the field practicum coordinator from the university that awarded your degree. This reference letter must be an original and completed using the SASW Character Reference Form and submitted with your application.

Criminal Record Check (must be included with application)

Applicants must undergo a formal criminal record check (with fingerprint verification, if necessary) before the registration process is complete. The criminal record check must be included with this application, **it must be an original, and cannot be more than six months old.** The information from this criminal record check will be treated as confidential. **Any fee for obtaining this record check is the responsibility of the applicant.**

Pardons for Criminal Convictions

This information is required to assist the SASW Registrar’s consideration of the character of individuals making application for registration. It is the obligation of SASW, given its responsibility to provide protection to the public, to use all available information in its evaluation. Criminal convictions for which a pardon has been granted by the National Parole Board will be evaluated using the same criteria as convictions for which no pardon had been granted. A pardon in this context does not mean forgiveness, amnesty, waiver of punishment or any such other general concept. It is a mechanism under specific federal legislation that manages a criminal record for specific purposes, but does not remove the past from consideration.

Have you ever been found guilty or convicted of a criminal offence in any jurisdiction? Yes No

If yes, include convictions and findings of guilt where an absolute, conditional discharge or pardon has been granted.

Resume/Curriculum Vitae (must be included with application)

Applicants are required to submit current resume/curriculum vitae which outlines education, employment and volunteer history. The resume/curriculum vitae shall not indicate on it the title of social worker or registered social worker unless one is legally entitled to do so. Nor shall the resume contain names of other individuals listing them with the registered social worker designation unless they are legally entitled to use the title.

Professional Regulation Reporting

- a) Have you ever been a registered member of any profession? Yes No
 If yes: Specify the profession: _____
 AND the Jurisdiction(s) where you were registered:

The top portion of “**Verification of Registration in Another Jurisdiction**” Form which is included with this application needs to be completed for each jurisdiction. SASW will fax the form to the jurisdiction(s).

- b) Have you ever been suspended, disqualified, censured or had disciplinary action instituted against yourself as a member of any profession? Yes No
If yes, please provide full details on an attached sheet.
- c) Are you currently the subject of a complaint, an investigation or practice restrictions instituted against you as a member of any profession? Yes No
If yes, please provide full details on an attached sheet.

Registration Category (Please indicate which category you are applying under.)

FULL TIME

Open to all social workers who hold a certificate or a bachelor, master, or doctoral degree in social work or Indian social work from a program accredited by Canadian Association of Schools of Social Work (CASSW) in Canada and who meet the requirements as described in Section 21 of *The Social Workers Act* and are employed in social work on a full time basis. Foreign programs require evaluation through a credential assessment agency approved by the council of SASW to be the equivalent of such an accredited program before being eligible for registration.

PART TIME

Open to all social workers as described above, but are employed in social work no more than **20 hours per week**.

NON PRACTICING

- retired from practice (Date commenced: _____)
- maternity/paternity/sick leave (Date commenced: _____)
- education leave (Date commenced: _____)
- unemployed
- employed but not in the social work field (as defined by the Registrar); if employed, but not in the social work field, please attach a formal job description of the position that you are employed in
- other (specify) _____

ASSOCIATE

Open to all persons interested in the goals of the Association and in receiving publications and who are NOT eligible for membership in any other category. Associate members cannot use the designation RSW or the title social worker.

Geographic Location of SASW Branches

SASW has branches located throughout Saskatchewan. Please indicate which branch would be located nearest you.

- Battlefords
- Regina
- Swift Current
- Saskatoon
- Prince Albert
- Northeast
- Yellowhead East

Other Information

A. Committee/Branch Work

Would you be willing to support SASW by serving in the following ways: **Yes** **No**

- helping with special events
- newsletter committee
- social justice committee
- discipline resource pool
- scholarship task team
- serving on Council
- public relations committee
- standards committee
- practice ethics
- aboriginal social work task team
- education committee
- professional conduct
- health services task team

B. Age Data

- under 19 years
- 35 - 39 years
- 55 - 59 years
- 75+ years
- 20 - 24 years
- 40 - 44 years
- 60 - 64 years
- 25 - 29 years
- 45 - 49 years
- 65 - 69 years
- 30 - 34 years
- 50 - 54 years
- 70 - 74 years
- do not want to respond to this question

Declaration

As a member of the profession of social work, I commit myself to fulfill to the best of my ability the following obligations:

- *I will regard the well-being of the persons I serve as my primary professional obligation.*
- *I will fulfill my obligations and responsibilities with integrity.*
- *I will be competent in the performance of the services & functions I undertake on behalf of the persons I serve.*
- *I will act in a conscientious, diligent, and efficient manner.*
- *I will respect the intrinsic worth of persons I serve in my professional relationships with them.*
- *I will protect the confidentiality of all professionally acquired information. I will disclose such information only when properly authorized or when obligated legally or professionally to do so.*
- *I will assure that outside interests do not jeopardize my professional judgement, independence, or competence.*
- *I will work for the creation and maintenance of work-place conditions and policies consistent with the standards of practice set out by the Social Work Code of Ethics.*
- *I will act to promote excellence in the social work profession.*
- *I will act to effect social change for the overall benefit of humanity.*

I, _____, hereby declare and certify that if accepted for membership, I will conduct practice in accordance with the above declaration.

I, _____, hereby declare and certify that the information provided on this application is accurate and complete.

Consent To Pursue Application For Membership

Permission is given to the Registrar of SASW to release and/or request information regarding my application for registration.

Signature of Applicant: _____

Date: _____

Payment of the registration fee must accompany this application. Please refer to the fee schedule included with the application for the amount owing.
Processing time will be three to four weeks, once all documents are in order.



Saskatchewan Association of Social Workers

SASW Fax: (306) 545-1895

Date Faxed: _____

VERIFICATION OF REGISTRATION IN ANOTHER PROFESSIONAL JURISDICTION

Directions for Applicant:

To be completed by individuals who have been a registered member of any profession (including but not limited to social work). Please complete the top portion of this form and return it to the SASW Office with your application for registration. One form per jurisdiction is required. **SASW will forward a copy of this form to each professional jurisdiction where you are or have been registered.**

To: _____
 (Name & address of provincial association)

I am applying for registration with the **Saskatchewan Association of Social Workers**. SASW is requesting that I submit verification that my registration is/was in good standing from your jurisdiction. You are, hereby, authorized to release any information in your files, favourable or otherwise, directly to the Saskatchewan Association of Social Workers.

Signature: _____ Date: _____

Print Name: _____
 (Surname) (Given Name)

Directions for Professional Jurisdiction

Please complete this form and return it to the **Saskatchewan Association of Social Workers** at the above fax number. A seven day turn-around in completing this form is appreciated.

Name in Your Records: _____

Type of Registration: _____ Registration Number: _____

Date Registration Issued: _____ Date Registration Expired: _____

1. Is registration/licence current? **Yes** **No** If yes, expiration date: _____
2. Please verify requirements met:
 - BSW from an accredited school MSW from an accredited school
 - Other (please specify) _____
3. Do you have copies of original transcripts issued by the degree granting institution on file? **Yes** **No**
4. Does your jurisdiction require an exam? **Yes** **No**
 If yes, level of exam taken: _____
 Date Passed: _____
5. Are/were there any restrictions on this individual's registration? **Yes** **No**
6. Are there or have there been any complaints and/or disciplinary action(s) against this individual? **Yes** **No**
If yes, please provide an explanation on separate sheet.
7. Is there any other information the Saskatchewan Association of Social Workers should be aware of with regards to this individual? **Yes** **No**
If yes, please provide an explanation on a separate sheet.

Name (Please print) : _____ Professional Jurisdiction: _____

Signature & Title: _____ Date: _____



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CHARACTER REFERENCE FORM

- To be completed by a registered social worker or current employer.
- For new social work graduates, the character reference is to be completed by a field practicum supervisor or practicum coordinator from the university that awarded your degree.

Name of Applicant: _____

The above named individual has made an application to become a Registered Social Worker with the *Saskatchewan Association of Social Workers*. As part of the application process, it is required that the individual provide evidence of having good character and reputation. Registration in social work is a commitment to skilled and ethical practice. Registered Social Workers are accountable for their practice to the public and to the profession. It is requested that you please complete the following questions as fully as possible.

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. Have you observed the applicant engaged in social work practice? **Yes** **No**
If yes, please describe.
4. a. Describe the applicant's level of personal and professional integrity and whether it will support practice in an ethical way.



Saskatchewan Association of Social Workers

INSTRUCTIONS FOR OBTAINING CRIMINAL RECORD CHECK

- 1) Please go to your local police detachment or to the relevant detachment of the RCMP/police department and have this form completed. Some Police/RCMP detachments might have their own form that they will complete. If this is the case, then this form is not required to be completed/submitted. (For example, Regina & Saskatoon City Police Departments have their own forms.)
- 2) You must appear in person at the police station. Call the police/station or detachment first and find out when these checks are performed, where you have to go, what the fee will be, and what identification is required. **You are solely responsible for all fees resulting from criminal record checks.**
- 3) You will be required to produce appropriate identification (driver's license, Social Insurance Number, birth certificate, passport). Photo identification with date of birth and signature may be needed.
- 4) Be prepared for a finger print verification if requested.
- 5) This document must be submitted with your application for membership.



**SASKATCHEWAN ASSOCIATION OF SOCIAL WORKERS
SECURITY CLEARANCE REFERRAL FORM
(Please print clearly)**

Name of Applicant: _____
Surname Given Names

Maiden Name/Alias: _____
Surname Given Names

Address: _____
Apt # Street
City/Town Province Postal Code Phone

Addresses for five (5) years prior to above: _____

Date of Birth ____/____/____
Month Day Year

Sex: Male Female

Identification Used:

Driver's License: _____

Social Insurance Number: _____

Birth Certificate: _____
(Country / Province / State)

Health Card Number: _____

Passport: _____
(Country / Number)

Statement of Consent:

I hereby consent that any and all information pertaining to a Criminal Record registered in my name with the National Registry for Criminal Records in Canada may be provided to the Registrar of the Saskatchewan Association of Social Workers. I also consent, if required, to attend the Forensic Identification Section of the relevant Police Service for fingerprint confirmation. I further agree to absolutely release, discharge and absolve the Saskatchewan Association of Social Workers and its employees from all claims, losses or damages including indirect or consequential, occasioned by me during, or as a consequence of any investigation for a Criminal Record.

Dated this ____ day of ____ 19____ _____
(Signature of Applicant)

(Signature of Witness)

(Please print name of witness clearly)

THIS AREA FOR POLICE SERVICE ONLY

- This is to certify that a record search, based on the above name(s) and birth date, has failed to disclose any such person with a record of criminal convictions in the National Repository for Criminal Records in Canada.
- This is to certify that a record search, based on the above name(s) and birth date has disclosed that the possibility of a criminal conviction(s) may exist. The applicant should now be fingerprinted at the appropriate Police Service, Forensic Identification Section, to confirm or deny the possible conviction(s). A letter outlining a confirmed criminal history or a clearance will be supplied to the applicant.

(Clearance Date)

(Identification Officer/Staff)