

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

- **Full Time: \$328 per year**
Open to social workers who hold a certificate, bachelor, master, or doctoral degree in social work/Indian social work from a program accredited by the Canadian Association of Schools of Social Work (CASSW), who meet the requirements as described in Section 21 of *An Act Respecting Social Workers* and who are employed in a social work position **21 hours per week or more.**
- **Part Time: \$202 per year**
Open to all persons as described above, but are employed **20 hours per week or less.**
- **Non Practicing: \$86 per year**
 - Retired Date commenced: _____
 - Sick Leave Date leave commenced: _____
 - Maternity Leave Date leave commenced: _____ Date leave will end: _____
 - Education Leave Date leave commenced: _____
 - Not employed in social work field

(A formal job description and/or job posting of the position that you are employed in must be submitted with the renewal form)

 - Other (specify) _____
- **Student: \$54 per year**
To qualify as a student member, you must be attending at least **one class** for credit towards a certificate/degree in a Faculty of Social Work or Indian Social Work and **NOT** eligible for membership in any other category. **CONFIRMATION OR VERIFICATION FROM THE UNIVERSITY FROM WHICH YOU ARE TAKING THE SOCIAL WORK CLASS(ES) MUST BE SUBMITTED WITH YOUR RENEWAL FORM. THIS VERIFICATION MUST BE FOR 2010.**
Note: Student members cannot use the title "social worker" or the designation "registered social worker".
- **Associate: \$70 per year**
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.
Note: Associate members cannot use the title social worker or designation registered social worker

Employment Data Please indicate your **CURRENT** employment status

- | | |
|--|--|
| <p>Health Authority Region</p> <ul style="list-style-type: none"> <input type="checkbox"/> mental health <input type="checkbox"/> medical <input type="checkbox"/> health promotion <input type="checkbox"/> administration <input type="checkbox"/> child & youth <input type="checkbox"/> addictions <input type="checkbox"/> SWADD/Client Patient Access Services <input type="checkbox"/> other _____ <p>Ministry of Social Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> income maintenance <input type="checkbox"/> child protection <input type="checkbox"/> adoptions <input type="checkbox"/> resources <input type="checkbox"/> family violence <input type="checkbox"/> social policy <input type="checkbox"/> community living <input type="checkbox"/> administration <input type="checkbox"/> community development <input type="checkbox"/> other _____ <p>Ministry of Justice</p> <ul style="list-style-type: none"> <input type="checkbox"/> custody & access <input type="checkbox"/> mediation services <input type="checkbox"/> victim services <input type="checkbox"/> corrections <input type="checkbox"/> other _____ | <p>Community Based Organizations</p> <ul style="list-style-type: none"> <input type="checkbox"/> clinical services <input type="checkbox"/> case management <input type="checkbox"/> education <input type="checkbox"/> mediation <input type="checkbox"/> supervision <input type="checkbox"/> administration <input type="checkbox"/> advocacy <input type="checkbox"/> community development <input type="checkbox"/> other _____ <p>Government of Canada</p> <ul style="list-style-type: none"> <input type="checkbox"/> Corrections/parole <input type="checkbox"/> Health Canada <input type="checkbox"/> Indian & Northern Affairs <input type="checkbox"/> other _____ <p>Other Areas of Employment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ministry of Learning <input type="checkbox"/> First Nations Agency <input type="checkbox"/> School Social Worker <input type="checkbox"/> Social Work Educator <input type="checkbox"/> Social Work Research <input type="checkbox"/> Ministry of Corrections, Policing & Public Safety <input type="checkbox"/> SASW Private Practice Registry <input type="checkbox"/> Private Practice (but not on SASW Registry) |
|--|--|

Other _____

Other Data

1. Criminal Activity

Have you been convicted of a criminal offense in the past 12 months? Yes No

If yes, please attach documentation specifying the date the decision was rendered; court case number, the reason(s) for which you were found guilty and the sentence you received from the court.

2. Membership in Another Professional Association

Yes No

a) Are you presently a member of another professional association/organization?

If yes, please list: _____

b) Have you ever been suspended, disqualified, censured or had disciplinary action instituted against yourself as a member of any profession in any jurisdiction in Canada? If yes, please provide detailed information on a sheet attached. Yes No

c) Are you currently the subject of a complaint, an investigation or practice restrictions instituted against you Yes No as a member of any profession in any jurisdiction in Canada? If yes, please provide detailed information on a sheet attached.

3. Committee/Branch Work

Would you be willing to support SASW by serving on a committee or doing branch work?

Yes No

If yes, please indicate your preference(s) from the following list:

- | | | |
|---|---|--|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Serving On Council | <input type="checkbox"/> Newsletter Committee |
| <input type="checkbox"/> Public Relations Committee | <input type="checkbox"/> Education Committee | <input type="checkbox"/> Social Justice Committee |
| <input type="checkbox"/> Professional Conduct | <input type="checkbox"/> Discipline Resource Pool | <input type="checkbox"/> Practice Ethics Committee |
| <input type="checkbox"/> Scholarship Task Team | <input type="checkbox"/> Mentorship Committee | <input type="checkbox"/> Aboriginal Social Workers |
| <input type="checkbox"/> Health Care Task Team | | <input type="checkbox"/> Standards Of Practice |
| | | <input type="checkbox"/> Volunteer Development Committee |

D. Age Data

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> under 19 years | <input type="checkbox"/> 20 - 24 years | <input type="checkbox"/> 25 - 29 years | <input type="checkbox"/> 30 - 34 years |
| <input type="checkbox"/> 35 - 39 years | <input type="checkbox"/> 40 - 44 years | <input type="checkbox"/> 45 - 49 years | <input type="checkbox"/> 50 - 54 years |
| <input type="checkbox"/> 55 - 59 years | <input type="checkbox"/> 60 - 64 years | <input type="checkbox"/> 65 - 69 years | <input type="checkbox"/> 70 - 74 years |
| <input type="checkbox"/> 75+ years | <input type="checkbox"/> do not want to respond to this question | | |

E. Declaration

I, the undersigned, hereby declare and certify that the information provided on this form is accurate & complete.

Signature of Member: _____ **Date:** _____

To avoid delay in the processing of your registration, please ensure the following:

- All sections on the forms have been completed, signed and dated.
- Continuing Education Inventory Form has been completed, signed & attached to registration renewal form.
- Payment is submitted with registration/continuing education forms.

Late Charges

A \$15 LATE CHARGE WILL BE ASSESSED ON ALL APPLICATIONS RECEIVED FROM
DECEMBER 2, 2009 TO DECEMBER 31, 2009.

A \$50 REINSTATEMENT CHARGE WILL BE ASSESSED ON ALL APPLICATIONS RECEIVED ON OR AFTER
JANUARY 1, 2010.

Continuing Professional Education

Identifying Data

Registration Number: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Reporting of Hours

1. Number of hours carried in from previous Continuing Education Form: _____
Number of actual hours reported on 2009 Continuing Education Inventory Form: _____
Number of hours carried over/approved to 2010 reporting year: _____

If a member has more than 40 hours in one year, a maximum of 20 hours may be carried over to the next reporting year ONLY. These hours are not to be used to create a cumulative total from year to year. Carry-over hours zero out at the end of the reporting year in which they are applied.

2. As per the SASW Continuing Education Policy, have you met the minimum requirement of **40 hours of mandatory** continuing professional education for this renewing year? Yes No
If no, please state reason: _____
3. If you are reporting more than **40 hours** of continuing professional education for this registration year, do you wish to carry over hours to the next registration year? Yes No
If yes, how many hours are you requesting to carry over? _____ **hours**
(a maximum of 20 hours can be carried over to the next reporting year)

All supporting documentation (brochures, certificates, receipts, etc.) for continuing education activities that have been reported/claimed, including a copy of the Inventory Form filed with SASW, should be retained on a file by the member as the SASW Registrar may require/request more information.

Confirmation of Reporting Hours

- I, the undersigned, **hereby confirm** and certify that I have met the minimum requirements for the reporting of Continuing Professional Education as set out by the bylaws/policy of the *Saskatchewan Association of Social Workers*.
- I, the undersigned, hereby confirm and certify that I am **exempt from reporting** continuing education hours as set out by the bylaws/policy of the *Saskatchewan Association of Social Workers*.

ALL MEMBERS MUST COMPLETE AND SIGN THIS FORM, EVEN IF YOU ARE EXEMPT FROM REPORTING CONTINUING EDUCATION.

Signature of Member: _____ **Date:** _____