



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

Application for Registered Social Worker

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

Identifying Information

(Please print all information)

Female Male

Last Name: First Name: Initial:

Home Address:

(STREET/BOX NUMBER)

(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

Community Based Organizations

- clinical services
education
supervision
advocacy
other
case management
mediation
administration

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

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 social work 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. This form must be 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, please include the official paperwork for the 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 package 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 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 *The Social Workers Act* and who receive income from employment in the practice of social work (including contract work) for **21 hours per week or more**. 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 persons as described above, but who receive income from employment in the practice of social work (including contract work) for a portion, but no more than **20 hours per week or less**.

 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) _____

 Affiliate

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. Affiliate 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.

- | | | | |
|-----------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="radio"/> Battlefords | <input type="radio"/> Swift Current | <input type="radio"/> Prince Albert | <input type="radio"/> Yellowhead East |
| <input type="radio"/> Regina | <input type="radio"/> Saskatoon | <input type="radio"/> Northeast | <input type="radio"/> Southeast |

Other Information

A. Committee/Branch Work

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

- | | | |
|--|---|---|
| <input type="checkbox"/> helping with special events | <input type="checkbox"/> serving on Council | <input type="checkbox"/> aboriginal social work committee |
| <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"/> standards committee | <input type="checkbox"/> professional conduct |
| <input type="checkbox"/> discipline resource pool | <input type="checkbox"/> practice ethics | <input type="checkbox"/> health services committee |
| <input type="checkbox"/> student award committee | | |

B. 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 | | |

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 membership.

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

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2110 Lorne Street
Regina, SK S4P 2M5
Phone: (306) 545-1922

CHARACTER REFERENCE FORM

- To be completed by a registered social worker or current social work 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 directly 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.

**Please return this reference letter to the applicant as it is to be submitted
with the application for membership to SASW.**



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
 2110 Lorne Street, Regina, SK S4P 2M5
 FAX: (306) 545-1895

Date Faxed: _____

Verification of Registration/Licensure in Any Professional Jurisdiction

Directions for Applicant

This form is 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/profession is required. **SASW will forward a copy of this form to each professional jurisdiction where you are or have been registered.**

Name of Licensing Profession:	
Address:	
City:	Province/Postal Code:
Fax Number:	

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

Name in Full:	
Name on Registration/License if different from above:	
Date of Birth:	Registration/License Number:

Signature of Applicant

Date

Directions for Professional Jurisdiction

The above named individual has applied for registration with the Saskatchewan Association of Social Workers (SASW). SASW is requesting that you complete this verification of registration, license and/or certification form and FAX it to the above number. A seven day turn-around in completing this form is appreciated.

Registration/License/Certificate Information

Name in your records			
Type of registration/license		Number	
Date first issued		Date Expired	
Is the registration/license/certificate current?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, expiration date	

Education information

Please verify requirements met for registration:

 BSW MSW Other (please specify) _____Do you have original transcripts for this individual on your file: yes no**Registration/License history**

Do you consider this individual to be in good standing at this time?

 Yes No If no, please explain:

Are there any restrictions on this individual's registration/license?

 Yes No If yes, please explain:

According to your records, have there ever been any Complaints and/or Disciplinary Actions against this individual?

 Yes No If yes, please explain:

Is there any other information SASW should be aware of with regard to this individual that you can share?

 Yes No If yes, please explain:

Is there any other information the SASW should be aware of with regard to this individual that you cannot share?

 Yes No If yes, please explain:**Form Completed By**

Name (please print)	Date
Title	Signature