Part 1: PERSONAL AND CONTACT DETAILS		
Part 1: PERSONAL AND CONTACT DETAILS		
Surname:		
First name/s:		
Date of birth: / / Application	number:	
CONTACT DETAILS		
Mailing address:		
Postcode:		
Phone number:		
Email:		
Part 2: FEES AND REMITTANCE ADVICE		
Fee: \$255.55		
Please invoice my employer (an invoice will be emailed directly to you)		
I enclose cheque / bank cheque for the sum of NZ \$255.55 including GST		
Please debit my MasterCard / Visa for the sum of NZ \$255.55 including GST		
CREDIT CARD NUMBER:		
Expiry date: /		
Name on card:		
Signature: Date:	/ /	
I have paid by direct credit / internet banking with my initials and surname as the reference and COMP as the code. (Please note that not including the reference and code may delay your application being processed). Social Workers Registration Board Bank Account Number: ANZ Bank: <b>06 5057 0040722 00</b> Payment Date:		

## Part 3: DECLARATIONS

2018/2019

## All sections must be completed

## **APPLICANT DECLARATION –** The applicant completes this

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ten core competence standards. I affirm professional development activities and	e social work in accordance with the Social Workers Registration Board's In that I have undertaken/will continue to undertake a range of I have/will have evidence of this in my Continuing Professional I application to be an honest and true reflection of my practice.
Have you been the subject of a disciplin	ary investigation / complaint investigation in the past five years?
Yes – write to the SWRB Registrar ex application	plaining the circumstances and enclose in a sealed envelope with your
No Are you currently the subject of a discip	linary investigation / complaint investigation?
Yes – write to the SWRB Registrar examplication	xplaining the circumstances and enclose in a sealed envelope with your
No Workplace:	
Signature:	Date:
MANAGE	R/SUPERVISOR EVALUATION DECLARATION
The manager/supe	ervisor to whom the applicant reports completes this
I believe the applicant to be COMPETEN standards.	IT against the Social Workers Registration Board's ten core competence
Supervisor/Manager full name:	
Registration number (if applicable):	
Workplace:	
Job title:	
Signature:	Date:
	STATEMENT OF ENDORSEMENT
A New Zealand Registered Social Wo	rker or qualified social worker (this different to the manager/supervisor signature above)
· · · · · · · · · · · · · · · · · · ·	e of the applicant and endorse the Supervisor/Manager recommendation against the Social Workers Registration Board's ten core competence standards.
Endorser's full name:	
SWRB registration number:	

Date:\_\_\_\_\_

Signature:\_\_\_\_\_