



NON-BINDING ASSESSMENT OF OVERSEAS QUALIFICATIONS

PERSONAL AND CONTACT DETAILS

(Please print clearly and complete each number below)

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other Title: _____

Gender: Male ☐ Female ☐

Date of Birth: _____

Full Name: _____

Given/First Names

Family/Surname (Please underline your Surname)

Postal Address: _____

Contact Details: (Include country/area codes)

Telephone (Work): _____

Telephone (Home): _____

Mobile Telephone: _____

Facsimile: _____

Email Address: _____

(Print clearly)

DOCUMENT CHECKLIST

To assist us to provide a better assessment please provide the following:

- ☐ Copy of your social work qualification certificate
- ☐ Copy of your social work qualification transcript
- ☐ Written details of the practicum(s) completed as part of your social work qualification, including, for each practicum, the name of the agency, the number of days and supervision arrangements
- ☐ Evidence of registration or licensure in another country
- ☐ All documents not in English to be translated by an authorised translator

SOCIAL WORK QUALIFICATIONS

List your most recent social work qualification first.

QUALIFICATION	DATE CONFERRED	UNIVERSITY / COUNTRY

APPLICATION FEE

The application fee must be enclosed with the completed application form. This fee is non refundable whatever the outcome of the assessment.

Cheques and bank drafts must be in New Zealand dollars and made out to "Social Workers Registration Board". Payment by credit card (Visa or MasterCard) is acceptable. The application fee is NZ\$300.00 including GST.

☐ Cheque/Bank Draft Payment: My cheque / Bank draft for NZ\$300.00 payable to the "Social Workers Registration Board" is enclosed.

☐ Credit Card Payment: Please debit my ☐ Visa ☐ MasterCard – the amount of (NZ\$300.00)

Credit Card Account Number:

(Enter your credit card account number in the boxes provided)

Cardholder's Name:

Cardholder's Signature:

Card Expiry Date:

☐ I have paid by direct credit / internet banking with my initials and surname as the reference and NONB 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: National Bank: 06 0507 0040722 00

Payment Date: _____

SEND YOUR COMPLETED APPLICATION FORM AND FEE TO:

By post

Social Workers Registration Board
PO Box 3452
Wellington Central
Wellington 6140
New Zealand

By courier

Social Workers Registration Board
Level 6
11 Chews Lane
Wellington 6011
New Zealand

ENQUIRIES TO:

The Registrar
Social Workers Registration Board
Telephone +64 4 931 2650
Facsimile +64 4 931 2651
Email: info@swrb.govt.nz