**OVERSEAS QUALIFICATION ASSESSMENT**

**for the assessment of overseas social work qualifications**

**IMPORTANT**

This application is for overseas social workers who would like to apply for an assessment of their social work qualification/s to demonstrate eligibility to apply for New Zealand social worker registration.

**Please make sure you provide all the required supporting documentation and sign the applicant’s declaration.**

**1. Your personal details**

Your family name:

Click here to enter text.

Given name/s:

Click here to enter text.

Date of birth:

dd/mm/yyyy

Any other names you have used if relevant to this application:

Click here to enter text.

Email:

Click here to enter text.

**2. Your social work qualification**

Give details regarding the tertiary professional social workqualification that enables you to practise social work. (Note: Please provide details of your educational qualification **not** your professional licence)

If your first professional social work qualification is a master’s degree, please also complete section 3 of this form (details of your undergraduate qualification)

What is the name (in English) of the qualification that you have obtained?

Click here to enter text.

What is the name of the qualification in your own language if not in English?

Click here to enter text.

Name of awarding institution:

Click here to enter text.

Address of institution:

Click here to enter text.

Web address for this institution:

Click here to enter text.

What is the normal entry requirement for this course?

Click here to enter text.

Normal length of full-time course:

Click here to enter text.

Date course commenced:

Click here to enter a date.

Date course completed:

Click here to enter a date.

Date qualification conferred:

Click here to enter a date.

Does your qualification enable you to register as a social worker in the country in which the qualification was obtained?

Yes  No

If yes, please provide a link to the regulatory authority with which you are able to register.

Click here to add link

If your country does not have registration does your professional association recognise your qualification?

Yes  No

If yes, please provide an internet link to the relevant professional association.

Click here to add link

## Social work field education/placements

This refers to the practical experience that is concurrent with and a required part of social work education.

Each placement undertaken concurrently with your qualification should be described separately below.

Professional social work qualifications usually have 2 placements; however, some have up to 4, please provide the information requested below for each placement you completed through your social work qualification.

**Please do not add employment undertaken after your qualification has been completed.**

## Field education/ placement 1

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of **days** of supervised and assessed practice in social work placement. Please only count days when you were actually in a field education/placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

Please outline the assessment criteria for your field education/placement

Click here to enter text.

## Field education/placement 2

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of **days** of supervised and assessed practice in social work placement. Please only count days when you were actually in a field education/placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

Please outline the assessment criteria for your field education/placement.

Click here to enter text.

## Field education/placement 3

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of **days** of supervised and assessed practice in social work placement. Please only count days when you were actually in a field education/placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

Please outline the assessment criteria for your field education/placement.

Click here to enter text.

## Field education/placement 4

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of **days** of supervised and assessed practice in social work placement. Please only count days when you were actually in a field education/placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

Please outline the assessment criteria for your field education/placement.

Click here to enter text.

**3. Your undergraduate qualification**

If your first professional qualification entered above is not a bachelor’s degree, please provide the following details of the undergraduate qualification that made you eligible for your professional qualification programme. This information is required even if the degree is not in social services.

What is the name (in English) of the undergraduate qualification that you have obtained?

Click here to enter text.

What is the name of the qualification in your own language if not in English?

Click here to enter text.

Name of awarding institution:

Click here to enter text.

Address of institution:

Click here to enter text.

Web address for this institution:

Click here to enter text.

What is the normal entry requirement for this course?

Click here to enter text.

Normal length of full-time course:

Click here to enter text.

Date course commenced:

Click here to enter text.

Date course completed:

Click here to enter text.

Date qualification conferred:

Click here to enter text.

## Field education/placements as part of your undergraduate qualification

If you completed any field education as part of your undergraduate qualification, please answer the questions below for each placement. Please add additional paper if you completed more than two placements.

## Field education/placement 1

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of days of supervised and assessed practice in placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

Please outline the assessment criteria for your field education/placement.

Click here to enter text.

## Field education/placement 2

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of days of supervised and assessed practice in placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

Please outline the assessment criteria for your field education/placement.

Click here to enter text.

**4. Your additional qualifications**

Please add details of any other tertiary qualification/s you hold that are relevant to practice in the social service sector.

What is the name (in English) of the qualification that you have obtained?

Click here to enter text.

What is the name (in English) of the additional qualification that you have obtained?

Click here to enter text.

What is the name of the qualification in your own language if not in English?

Click here to enter text.

Name of awarding institution:

Click here to enter text.

Address of institution:

Click here to enter text.

Web address for this institution:

Click here to enter text.

What were the graduate outcomes specified for this course?

Click here to enter text.

What is the normal entry requirement for this course?

Click here to enter text.

Normal length of full-time course:

Click here to enter text.

Date course commenced:

Click here to enter text.

Date course completed:

Click here to enter text.

Date qualification conferred:

Click here to enter text.

## Field education/placements as part of additional qualification/s

Please provide information on any placement completed as part of this qualification.

## Field education/placement 1

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of days of supervised and assessed practice in placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

Please outline the assessment criteria for your field education/placement.

Click here to enter text.

## Field education/placement 2

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of days of supervised and assessed practice in placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

Please outline the assessment criteria for your field education/placement.

Click here to enter text.

**If you have additional qualifications relevant to this section, please attach a copy of your degree certificate and transcript to your application of these additional qualifications.**

**5. Social work practice history**

|  |  |  |
| --- | --- | --- |
| **Time in role** | **Position title, employer, and location** | **Tasks and responsibilities. Please also indicate whether you received professional supervision as part of each role** |
| From - until | Click here to enter | Click here to enter |
| From - until | Click here to enter | Click here to enter |
| From - until | Click here to enter | Click here to enter |
| From - until | Click here to enter | Click here to enter |
| From - until | Click here to enter | Click here to enter |
| From - until | Click here to enter | Click here to enter |

This information helps us understand how your qualification/s can be applied in social work practice. Please only include details on your *social work* roles that you have held since you completed the qualification listed in Section 2.

Please provide information on relevant professional CPD that you have completed since you finished the qualification you listed in Section 2. You can find examples on our website: <https://swrb.govt.nz/social-workers/practising/continuing-professional-development/>

**6. Continuing professional development (CPD)**

|  |  |
| --- | --- |
| **Professional development activity (what you did)** | **Date** |
| Click here to enter | Click here to enter |
| Click here to enter | Click here to enter |
| Click here to enter | Click here to enter |
| Click here to enter | Click here to enter |
| Click here to enter | Click here to enter |
| Click here to enter | Click here to enter |
| Click here to enter | Click here to enter |

**7. Checklist**

You must include the following information with this application: (failure to submit all required documentation may delay your assessment)

* copy of your degree certificate/s;
* copy of academic transcripts of all qualifications listed in this application. Transcripts must show the subjects and results/grades;
* a comprehensive Curriculum Vitae/Resume, detailing your post-graduate professional social work experience and professional development undertaken;
* if documents are issued in a language other than English, the SWRB requires copies of translations (provided by an official translation service) to be supplied in addition to the original language document;

***Failure to upload all of the required information will likely result in follow up contact from the SWRB and will cause a delay in the assessment processing time.***

I declare that:

**8. Read and sign the following declaration**

The information I have supplied on this form and all other documents uploaded as part of this qualification assessment are complete, correct, up-to-date and are true to the best of my knowledge.

I authorise the SWRB to make any enquiries necessary to assist in the assessment of my qualifications and to use any information supplied in this application for that purpose.

I have read and understood the information provided that is relevant to this application.

**Signature (Name):** Click here to enter text. **Date:** Click here to enter a date.

**Submit this application through your MySWRB portal**

For further information please email [applications@swrb.govt.nz](mailto:applications@swrb.govt.nz) or phone +64 4 9312560