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| **Certificate of Good Standing**  *Please forward this Certificate of Good Standing request to each Regulating body you have been registered or licensed with as a social worker. Some Regulators charge a fee to complete this form; be sure to check with the Regulator and remit the appropriate fee with the form.* | | | | |
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| **Consent to Disclose Information** | | | | |
| I have applied for registration with the New Zealand Social Workers Registration Board (SWRB) and hereby authorise the Click here to enter text. to provide the following information to the SWRB.  Name of Regulating Body | | | | |
| Click here to enter text.  Applicant Signature | | Click here to enter a date.  Date | | |
|  | | | | |
| **Personal Information of Applicant** | | | | |
| Last Name: Click here to enter text. | | | First Name: Click here to enter text. | |
| Any Other Names Used: Click here to enter text. | | | | |
| Address: Click here to enter text. | | | | Suburb: Click here to enter text. |
| City: Click here to enter text. | Country: Click here to enter text. | | | Post Code: Click here to enter text. |

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| **The following questions are to be completed by the Regulatory Body** | | | | | | | | |
| 1. This is to certify that the above named individual was registered/licenced as a social worker | | | | | | | | |
| * Category/Class of Registration: Click here to enter text. | | | | | | | | |
| * Registration Number: Click here to enter text. | | | | | | | | |
| * Explain Criteria: Click here to enter text. | | | | | | | | |
| * From: Click here to enter a date.   Start Date | | | | To: Click here to enter a date.  End Date | | | | |
| * Current Status of Registration: | | | | Active | | Expired | Lapsed | |
| 1. Registration/Licensure was based on: | | | | | | | | |
| Degree: Click here to enter text.  BSW, MSW, or other | | | |  | | | | |
| Exam: Click here to enter text.  BSW, MSW, or other | | | |  | | | | |
| Grandparented | | | | | | | | |
| 1. Are there any restrictions or conditions on the individual’s registration/licensure? | | | | | | | | |
| No  Yes Please explain | | Click here to enter text. | | | | | | |
| 1. Is the individual currently or ever been subject to a complaint? | | | | | | | | |
| No  Yes Please explain | | Click here to enter text. | | | | | | |
| 1. Please provide any other information that your organisation can share about the applicant that might affect a decision to register the applicant as a social worker   Click here to enter text. | | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Regulating Body Information** | | | | | | | |
| Regulating Body: Click here to enter text. | | | | | | | |
| Address: Click here to enter text. | | | | | Suburb: Click here to enter text. | | |
| City: Click here to enter text. | Country: Click here to enter text. | | | | Post Code: Click here to enter text. | | |
| **Form Completed By** | | | | | | | |
| Last Name: Click here to enter text. | | | First Name: Click here to enter text. | | | | |
| Title: Click here to enter text. | | | Email Address: Click here to enter text. | | | | |
| Click here to enter text.  Signature | | | Click here to enter a date.  Date | | | | |
| ***Please email this completed form directly back to our office at*** [***applications@swrb.govt.nz***](mailto:applications@swrb.govt.nz) | | | | | | | |