

Please email this completed form to applications@swrb.govt.nz

Part 1: PERSONAL AND CONTACT DETAILS

Surname:	
First name/s:	
Date of birth: / /	
CONTACT DETAILS	
Mailing address:	
	Postcode:
Phone number:	
Email:	

Part 2: FEES AND REMITTANCE ADVICE

Fee: \$255.55	Please select payment method
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<input type="checkbox"/> Please invoice my employer (an invoice will be emailed directly to you)	
<input type="checkbox"/> Please debit my MasterCard / Visa for the sum of NZ \$255.55 including GST	
CREDIT CARD NUMBER:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Expiry date:	/
Name on card:	
Signature:	Date: / /

<input type="checkbox"/> 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: 06 0507 0040722 00
Payment Date:

Part 3: DECLARATIONS

All sections must be completed

APPLICANT DECLARATION

This is to be completed by the applicant

I, _____

declare that I am competent to practice social work in accordance with the Social Workers Registration Board's core competence standards 3-10. I affirm that I have undertaken/will continue to undertake a range of professional development activities and have/will have evidence of this in my Continuing Professional Development log. I confirm the enclosed application to be an honest and true reflection of my practice.

Signature: _____

Date: _____

MANAGER/SUPERVISOR EVALUATION DECLARATION

The is to be completed by the manager/supervisor to whom the applicant reports

I believe the applicant to be COMPETENT against the Social Workers Registration Board's core competence standards 3-10.

Supervisor/Manager full name: _____

Registration number (if applicable): _____

Workplace: _____

Job title: _____

Signature: _____

Date: _____

STATEMENT OF ENDORSEMENT

This is to be completed by a New Zealand Registered Social Worker or qualified social worker (this different to the manager/supervisor signature above)

I have observed the social work practice of the applicant and endorse the Supervisor/Manager recommendation that the applicant is COMPETENT against the Social Workers Registration Board's core competence standards 3-10.

Endorser's full name: _____

SWRB registration number: _____

Workplace: _____

Job title: _____

Signature: _____

Date: _____