OFFICE USE ONLY

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:	

Once we have received your completed application, we will be in touch with how to pay the invoice of $255.55.

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 qualified social worker (this different to the manager/supervisor signature above) who reports:

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 (if applicable):_____

Workplace:_____

Job title:_____

Signature:_____ Date:_____