**CONFIDENTIAL PROFESSIONAL REFERENCE**

**FOR APPLICANT FOR REGISTRATION AS A SOCIAL WORKER**

**Information for Referees**

**Who can provide a Professional Reference?**

Each applicant for registration must provide one confidential professional reference from a referee who is familiar with his or her professional conduct, social work practise and has known the applicant for at least three months:

* If the applicant is currently practising social work, the referee must be a current employer or supervisor who has day-to-day responsibility for and oversight of the applicant’s work.
* If the applicant is not currently employed, the referee should preferably be the most recent previous employer or supervisor who had day-to-day responsibility for and oversight of the applicant’s work.
* If the applicant is a new graduate, the referee should be a supervisor from a social work placement undertaken in the course of the applicant’s studies.
* In the absence of the above, a reference from a previous non-social work employer may be accepted by the Board.

**A person cannot be a referee if he or she:**

* is a member of the applicant’s family or whanau (including spouses, partners, in laws, etc)
* resides at the same address as the applicant; or
* is the spouse or partner of someone who has already provided a reference.

References must be provided on reference forms approved by the Board. The Board reserves the right to seek additional character and/or professional references in relation to any matter it considers relevant to the application.

**Use of Reference**

The information and opinion you provide will be treated as confidential to the Social Workers Registration Board. It will be used by the Social Workers Registration Board for the purpose of assessing the applicant’s character and to ensure the applicant is a fit and proper person to be registered as a social worker. It will not be disclosed or made public other than as required or permitted by law.

**Submission of Reference**

Please post the **original** signed copy of your reference directly to the Social Workers Registration Board or email it to the address below. Please note, this reference must come directly from the person writing the reference.

Social Workers Registration Board Email: [applications@swrb.govt.nz](mailto:applications@swrb.govt.nz)

PO Box 3452 Phone: 0508 797 269

Wellington 6240

If you are *unable* or *unwilling* to answer any question, please indicate that in your response.

**Applicant Name:** Click or tap here to enter text.

**Applicant Date of Birth:** Click or tap here to enter text.

1. **Referee Details:** *All information below must be provided.*

**Referee Name:** Click or tap here to enter text.

**Position / Title:** Click or tap here to enter text.

**Employer:** Click or tap here to enter text.

**Qualifications:** Click or tap here to enter text.

**Professional membership / Registration Number:** *If you are a member of a regulated body you must provide your membership / registration number*

Click or tap here to enter text.

**Phone number:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Is the applicant related to you by blood, marriage, civil union or de facto relationship?** *Please select answer below.*

**Yes**

**No**

***If you have selected yes please provide further details:***

**How long have you known the applicant, and in what capacity?**

Click or tap here to enter text.

1. **Applicants social work practices.**

*Please describe the applicants social work practice to the best of your knowledge.*

Click or tap here to enter text.

*Are there in factors in regard to the applicants social work practices that you feel might make the applicant unsuitable for registration as a social worker?*

**Yes**

**No**

***If you have selected yes please provide further details:***

Click or tap here to enter text.

1. **Applicant’s character.**

*Based on your time supervising / managing the applicant, please describe their professionalism, integrity, reliability and honesty in relation to their work.*

Click or tap here to enter text.

*Are there any professional issues you feel the Board should be aware of that would affect the applicant’s ability or suitability to practice social work?*

**Yes**

**No**

***If you have selected yes please provide further details:***

Click or tap here to enter text.

1. **Applicant’s fitness to practice social work.**

*To your knowledge, does the applicant have any physical or mental health conditions (including substance abuse) that may affect their ability to perform the functions necessary to preform social work?*

**Yes**

**No**

***If you have selected yes please provide further details:***

*To your knowledge, has the applicant received medical treatment for any physical or mental health conditions at any time?*

**Yes**

**No**

*If you have selected* ***yes*** *please provide further details:*

Click or tap here to enter text.

1. **To the best of your knowledge, has the applicant:**

* *Ever been convicted in a criminal court in New Zealand or Overseas?*

**Yes**

**No**

* Have pending or current charges before any criminal court in New Zealand or Overseas?

**Yes**

**No**

***If you answered yes to either of the above questions, please provide further details:***

Click or tap here to enter text.

1. **To the best of your knowledge, has the applicant been the subject of a disciplinary investigation in New Zealand or Overseas?**

**Yes**

**No**

***If you have selected yes please provide further details:***

Click or tap here to enter text.

1. **Do you consider the applicant to be fit and proper to be registered as a social worker?**

***Please provide information as to why or why not:***

Click or tap here to enter text.

1. **Declaration.**

*I declare that I am the person named as the applicant’s referee and the all information I have provided in this reference is true and correct to the best of my knowledge.*

|  |  |
| --- | --- |
| Signature: | Date: Click or tap to enter a date. |

***\*If sending via email, your email will be accepted as an electronic signature***