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| Interim Practising Certificate Application |
| for covid 19 response 2020 |
| Please complete all fields on this form. Only completed applications will be considered. Email your completed application to: practisingcertificate@swrb.govt.nz  |
| **APPLICANT DETAILS** |
| Surname:  |
| Given Names:  |
| Address:  |
| Phone #:  | Email: |
| D.O.B:  |
| SWRB Registration #:  |
| Are you currently employed?If yes, please provide details of current role: |  [ ] Yes [ ]  No |
| Please outline your reason for requesting an interim practising certificate: |
| When was the last time you held a practising certificate?  |
| **EMPLOYER / PROSPECTIVE EMPLOYER DETAILS**  |
| Organisation:  |
| Manager’s name:  |
| Phone #:  | Email:  |
| Please attach confirmation that your prospective role is directly related to Covid 19 – this could be a letter of offer or an email from the employer. |
| Do you have any physical or mental health concerns that may affect your ability to practice social work?If yes, please provide details:  |  [ ]  Yes [ ]  No |
| Are you or have you been the subject of professional disciplinary proceedings in New Zealand or overseas?If yes, please provide details:  |  [ ] Yes [ ] No |
| Since you last held a practising certificate, have you been charged with or investigated for any criminal offence?If yes, please provide details:  |  [ ] Yes [ ]  No |
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| Signature  | Date:  |