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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](mailto: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 |
|  | | |
| Signature | Date: | |