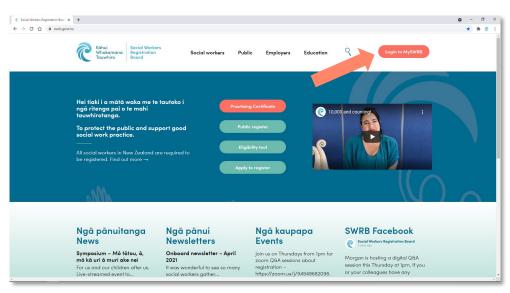
MySWRB guide

How to set up your MySWRB account & renew your Practising Certificate

Step 1 – Go to MySWRB

- Go to the SWRB website <u>https://swrb.govt.nz/</u>
- Click the 'Login to MySWRB' button on the top right-hand corner of the home page.



• This brings you to the MySWRB portal - <u>https://my.swrb.govt.nz/</u>

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Registration Board Educ Verbanesse Teachers Forter Verbal	Sign.In 1 Create Account
Nau mai, haere mai	, welcome to MySWRB
Login	If you don't know your username (email you registered with us) please contact us at <u>application@kwatb.gout.or</u>
Username (yeur email)	To apply to become a registered social worker, <u>click here</u>
Pasword Pasword	
Sign In Earget earword?	
if you don't now your uncertained your registered with us) please control to a standard (<u>standards)(standards)</u>	

Step 2 – Set up your MySWRB password

• To log into your MySWRB account for the first time, click 'forgot password?' on the login page. (below the 'Sign in' button)

€ Sign h	o - σ × ☆ ★ € :
Collaboratoria Collab	Sign.ln 1 Create Account
Nau mai, haere mai,	welcome to MySWRB
Login	If you don't know your username (email you registered with us) please contact us a <u>poplication@wwb.gout.az</u>
Username (your email) Username	To apply to become a registered social worker, <u>stick here</u>
Password Password	
Sign in Exrget password?	
If you don't know your username (email you registered with us) please contest us at <u>application(Newto port.or</u>	
	1
	<u>.</u>

• Enter your username (this is the email address that is linked to your account, which you would have used at the time of registration).

If you no longer have access to the email address that is linked to your account, you can contact our registration team at <u>applications@swrb.govt.nz</u> or 0508 797 269 to have it updated.

€ Sign In x ← → C △ ■ my.swrb.govtnz		ο - σ × ☆ ≱ € :
Social Work Registratio	ers MySWRB Board Begistration Partal	Sign.In 1 Create Account
	Nau mai, haere mai, welcome to MySWRB	
	Forgot Password O 🔹 🗸	
	ogin Password request Enter your Email address, then click Submit. We will email you a reset password page link	gistered with us) please
	sword	, dick here
1	assword Submit Cancel	
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if you don't know cor	your usen had us a	
		•

- Click 'submit' to be emailed a new password link.
- Follow the link in the email you received to create your own password.
- Your new password must be at least 7 characters and include at least one number.

Step 3 – Log in

• Once you have your password, enter your username email and your new password.

<pre></pre>	Social Workers Registration MySWRB Registration Biguration Variation Partial	Sign. In 🏦 Greate Account	• - • × * * • • :
	Nau mai, haere ma	i, welcome to MySWRB	
	Login Usename (your enail) Usename Pasword Pasword Sign In Forgat pasword? Hypou don't know your usename (email you registered with us) please	If you don't know your username (email you registered with us) please contact us at <u>applications@works.gov.tor</u> To apply to become a registered social worker, <u>click here</u>	

• Click 'Sign in' to log in to your MySWRB account.

Sign in X +			o - 0
→ C △ ≜ my.swrb.govt.nz			☆ ≱
	Social Workers Registration Board Clivic Whitesman Torretor Portal	Sign.ln 🧘 Create Account	
	Nau mai, haere mai,	welcome to MySWRB	
	Login	If you don't know your username (email you registered with us) please contact us at <u>applications@swrb.gav1.nz</u>	
	Username (your email) Username	To apply to become a registered social worker, <u>click here</u>	
	Password Password		
	Sign In		
	<u>Forget password?</u> If you dan't know your username (email you registered with us) please		
	contact us at <u>applications@swrb.govt.nz</u>		

Step 4 - 'Apply for practising certificate'

• Click the 'Apply for my practising certificate' (or 'Renew my practising certificate') button on the right side of the page to start the practising certificate renewal process.

Registration Board	MySWRB Registration Portal		<u>Sign Out</u>	1
		MY DETAILS CPE	D INTERACTIONS	CONTACT US
My details Registration number First name Middle name Last name Previous name Date of birth *Email address	Job Title Proferred first name Name to display on register Gender Mobile/personal phone Alternative email Work phone	If you would like a phot PC card please upload needs to be a head and shot taken in the last 6 r	o on your here. It shoulders curren months.	Apply for my actising certificate Make a non practising declaration
•Ethnicity Other Ethnicity	lwi (None)	~		

Step 5 - Confirm details

• Update your personal details.

			Apply	for Practis	ing Certific	:ate		
lere are you	r current conta	ıct detail	S					
your details are	e not correct, please	e edit and a	lick 'Save', the	en scroll down to	confirm your em	ployer and addres	and click continue	
Name								
Registration No								
Registration Status								
Email								
Mobile Phone								
Region	(Select)	~						
Ethnicity								
innicity	Other Ethnicity	~						
Ethnicity 2	(None)	~						
Ethnicity 3	(None)	~						
	()							

• Click 'save'.

<< Account				€swr
			Apply for Practising Certificate	
Here are you	r current conto	act deta	ls	
f your details are	not correct, pleas	e edit and	click 'Save', then scroll down to confirm your employer and address and click continue.	
Name				
Registration No				
Registration Status				
Email				
Mobile Phone				
Region	(Select)	÷		
Ethnicity	Other Ethnicity	~		
Ethnicity 2	(None)	~		
Ethnicity 3	(None)	~		
			Save	Cancel

• Confirm your employer and address details are up to date. You can update these by clicking the 'edit' button.

mployer						
your employer is paying f	or your practising certificate, you	nust make sure you have ac	dded them here and select	ad them from the drop-do	wn list	Edt
Ay Addresses						
o add a work or mailing a	ddress use the + symbol.					
Mailing Address	Primary Address +					
			√ Preferred	Mailing Address		Edit
						Continue >>

• If they are correct, you can move on to the next page by clicking the 'Continue' button.

mployer		
your employer is paying for your practising certificate, you must m	take sure you have added them here and selected them from the drop-down list	
	(Edit
Ay Addresses		
add a work or mailing address use the + symbol.		
Mailing Address Primary Address +		
		Edit
	√ Preferred Mailing Address	
	Continue	- >>

• Review that your employer details are correct.

		MY DETAILS	CPD	INTERACTIONS	CONTACT US
Review employer					
Please check that this is your current employer. If not, s	elect "Previous" and	update your employ	er before con	tinuing.	
Company.					
Payment options					
You now have the option to pay either an annual paym please select annual and then invoice employer at the		n into 12 equal month	ly payments.	If you require an invoice f	for your employer,
	cart	v into 12 equal month	ly payments.	If you require an invoice f	for your employer,
please select annual and then invoice employer at the	cart		ly payments.	If you require an invoice f	

• If they require updating, you can click the 'previous' button to return to the details page.

Kéhui Whakamana Tauwhire	MySWRB Registration Portal				<u>Sign out</u>
		MY DETAILS	CPD	INTERACTIONS	CONTACT US
Review employer					
Please check that this is your cur	rrent employer. If not, select "Pre	evious" and update your employ	er before contin	nuing.	
Company					
Payment options					
You now have the option to pay	either an annual payment or br nvoice employer at the cart	reak it down into 12 equal month	ly payments. If	you require an invoice fe	or your employer,
	nvoice employer at the cart	reak it down into 12 equal month (None)	nly payments. If	you require an invoice fe	or your employer,

Step 6 – Choose payment option

- If the details are correct, select your preferred payment option.
- Use the drop-down function to select whether you wish to pay your Practising certificate (annually, as a single payment or in 12 monthly instalments).

Social Workers Registration Board Kabul Whetamana Toumbre MySWRB				<u>Sign out</u>
	MY DETAILS	CPD II	NTERACTIONS	CONTACT US
Review employer				
Please check that this is your current employer. If not, set	lect "Previous" and update your employ	ver before continuin	g.	
Company				
Payment options				
You now have the option to pay either an annual payme please select annual and then invoice employer at the c		hly payments. If you	require an invoice for	your employer,
* Please select your preferred payment option	(None) Y			
	(1010)			
			Save	Cancel
<< Previous				

• Click the 'save' button.

		M	Y DETAILS	CPD	INTERACTIONS	CONTACT US
			T DETAILO	CI D	internetiono	conner oo
Review employer						
Please check that this is your curre	nt employer. If not, sele	ct "Previous" and upde	ate your employer	r before conti	nuing.	
Comment						
Company						
Payment options						
You now have the option to pay eit			12 equal monthly	payments. It	you require an invoice fo	or your employer,
please select annual and then invo	ice employer at the ca	t				
* Please select your preferred p	ayment option	(None) ~				
					Sav	Cancel
					Sav	Cancel

• A 'Continue' button will appear. Click this button to continue to the next page.

	MY DETAILS	CPD	INTERACTIONS	CONTACT US
Successfully updated				
Review employer				
lease check that this is your current employer. If not, sele	ct "Previous" and update your emplo	yer before cor	ntinuing.	
Company				
Sector Particip.				
anomia yenta y				
Payment options		hly payments.	. If you require an invoice f	or your employer,
Payment options		hly payments.	If you require an invoice f	or your employer,
Payment options ou now have the option to pay either an annual paymen lease select annual and then invoice employer at the car		hly payments.	If you require an invoice f	or your employer,
Payment options ou now have the option to pay either an annual paymen lease select annual and then invoice employer at the car Please select your preferred payment option	rt	hly payments.		
Payment options ou now have the option to pay either an annual paymen lease select annual and then invoice employer at the car	rt	hly payments.	. If you require an invoice f	
Payment options ou now have the option to pay either an annual paymen lease select annual and then invoice employer at the car	rt	hly payments.		

Note: If your employer already has a payment arrangement with the SWRB, simply put preferred payment option as 'annual' and click save. Then 'continue'

Step 7 – Declaration

• Complete your online declaration by answering the questions provided.

	Practising Certificate Declaration			
o apply for your Practising C	ertificate, please complete the following declaration.			
Nease note that making a fals	e declaration may result in disciplinary action.			
Do you have any mental or p	physical health conditions which may affect your ability to practice social work safely?	No	~	
Have you been the subject o r overseas for any matter tha	f any professional disciplinary proceedings in Aatearoa New Zealand or overseas, or under investigation in Aatearoa New Zealan It could become the subject of professional disciplinary proceedings?	d No	*	
Are you under investigation f	for any criminal affence?	No	~	
Have you been convicted of	a criminal offence?	No	~	
Are you the respondent of a	protection order, trespass order, restraining order or similar in Aotearaa New Zealand or overseas?	No	*	
declare that:				-
I will adhere to the SWRE I will undertake regular p	3 Code of Conduct and Core Competence Standards;			Save
I will undertake professio I will notify the Social Wa	raressions uppervalan, and development civities and will keep a Continuing Professional Development (CPD) Log; rikers Registration Board of any concerns with my mental or physical health, which may affect my ability to practise social work; cial Warkers Registration Board may notify my employer if the Board becomes oware of any matter or issue it considers justifies s	ich action	for the prote	ection of the safety
y clicking I agree I confirm	n that all the information I have provided is correct and true.			
Nease note that making a fals	e declaration may result in disciplinary action.			

• Once you have answered all the questions, click the 'save' button.

Practising Certificate Declaration			
pply for your Practising Certificate, please complete the following declaration.			
se note that making a false declaration may result in disciplinary action.			
o you have any mental or physical health conditions which may affect your ability to practise social work safely?	No	~	
ave you been the subject of any professional disciplinary proceedings in Aoteoroo New Zealand ar overseos, or under investigation in Aoteoroo New Zeala verseos for any mother that could become the subject of professional disciplinary proceedings?	No No	*	
e you under investigation for any criminal offence?	No	~	
ave you been convicted of a criminal offence?	No	~	
e you the respondent of a protection order, trespass order, restraining order or similar in Aotearoa New Zealand or overseas?	No	~	
sclare that: I will adhere to the SWRB Cade of Conduct and Core Competence Standards; I will undertake regular professional supervision; I will undertake professional development activities and will keep a Continuing Professional Development (CPD) Log; I will andfhits bocial Workers Registration Board of any concerns with my mential or physical health, which may affect my ability to practise social work; I undertake that the Social Workers Registration Board of any concerns with my mential or physical health, which may affect my ability to practise social work; I undertake that the Social Workers Registration Board may notify my employer if the Board becomes aware of any matter or issue it considers justifies members of the public.	Rep.	s pro	Save
clicking I agree I confirm that all the information I have provided is correct and true.			
ase note that making a false declaration may result in disciplinary action.			

• Read the declaration.

			CSWR
Practising Certificate Declaration			
nly for your Practising Certificate, please complete the following declaration.			
r note that making a false declaration may result in disciplinary action.			
ou have any mental or physical health conditions which may affect your obility to practise social work safely?	No	~	
e you been the subject of any professional disciplinary proceedings in Aatearaa New Zealand or overseas, or under investigation in Aatearaa New Zeala reeas for any matter that could become the subject of professional disciplinary proceedings?	d No	~	
you under investigation for any criminal offence?	No	*	
e you been convicted of a criminal affence?	No	۷	
ou the respondent of a protection order, tresposs order, restraining order or similar in Aotearoa New Zealand or overseas?	No	*	
are that:			
will adhere to the SWBB Code of Conduct and Core Competence Standards; will undertake regular professional supervision; will undertake regular professional eventment activities and will keep a Continuing Professional Development (CPD) Log; will notify the Social Workers Registration Board of any concerns with my mental or physical health, which may affect my ability to practise social work; understand that the Social Workers Registration Board may notify my employer if the Board becomes aware of any motter or issue it considers justifies to members of the public.	uch action	n for the	protection of the sofety of
cking I agree I confirm that all the information I have provided is correct and true.			
e note that making a false declaration may result in disciplinary action.			lagree

• Confirm the information you entered is correct by clicking the 'I agree' button.

Practising Certificate Declaration			
apply for your Practising Certificate, please complete the following declaration.			
lease note that making a false declaration may result in disciplinary action.			
Do you have any mental or physical health conditions which may affect your ability to practise social work safely?	No	~	
Have you been the subject of any professional disciplinary proceedings in Aatearoa New Zealand or overseas, or under investigation in Aatearoa New Zealand overseas for any matter that could become the subject of professional disciplinary proceedings?	No	*	
Are you under investigation for any criminal offence?	No	~	
Have you been convicted of a criminal offence?	No	~	
Are you the respondent of a protection order, tresposs order, restraining order or similar in Acteoroa New Zeoland or overseas?	No	~	
declare that:			-
 I will adhere to the SWRB Code of Conduct and Core Competence Standards; I will undertake regular professional supervision; I will undertake professional development activities and will keep a Continuing Professional Development (CPD) Log; I will notify the Social Variars Registration Board of any concerns with my mential or physical health, which may affect my ability to practise social work; I undertake that that the Social Variars Registration Board any notify my employer if the Board becomes oware of any matter or issue it considers justifies summembers of the public. 	ch action	for the p	Sa
y clicking I agree I confirm that all the information I have provided is correct and true.			
lease note that making a false declaration may result in disciplinary action.			Lagre

Step 8 - Action payment (if applicable)

• Following your declaration, you will be connected to the payment screen.

	Annels for Develicion Contificante	
	Apply for Practising Certificate	
lease wait while we	connect you to the payment screen	

- To pay for your Practising Certificate, confirm your payment option as 'I will pay now'.
- Select your payment method (VISA, Mastercard or Debit card).
- Enter your payment details.

Social Workers MySWRB Registration Board Kabui Whatamana Taumhira Portal				<u>Sign.out</u>
	MY DETAILS CPD	INTERACTIC	ONS CONT.	ACT US
Fees				
Item	Quantity	Price	Total	
SW Practising Certificates (1/04/2021 - 30/06/2021)	1	468.00	468.00	
	Payment Optic I will pay now Olnvoi			
		lice		
	I will pay now Invoi Payment amount A68.00 Payment method VISA	lice		
	I will pay new O Invoi Payment amount 468.00 Payment method VISA Name on card	lice		
	I will pay new O Invoi Poyment amount 468.00 Poyment method VISA Name on card Card	lice		
	I will pay new O Invoi Poyment amount 468.00 Poyment method VISA Name on card Card))		

• Click 'submit' to make payment.

Item	Quantity	Price	Total
SW Practising Certificates.(1/04/2021 - 30/06/2021)	1	468.00	468.00
	Payment Opti	on	
	●I will pay now O Invo	ice	
	•Payment amount 468.0		
		0)	
	VISA ~		
	*Name on card		
	*Card Card number N	IM/YY CSC	
	Card number N	IM/YY CSC	
	Billing address		
	Choose another address		

Note: If you have a 'trusted employer', the payment options will not appear. You will just need to click 'submit'.

If your employer is not a trusted employer but wishes to pay on your behalf, you can request an invoice by clicking 'invoice' and 'Submit'. You will receive a confirmation email providing detailed instructions and an invoice will be generated in your 'interactions' tab. You can then forward this on to your employer to action payment.

Contraction Board Registration Board Registration Portal					<u>Sign out</u>
	MY DETAILS	CPD	INTERACTION	IS	CONTACT US
Fees					
Item	Quanti	tγ	Price	Toto	al
SW Practising Certificates (1/04/2021 - 30/06/2021)	1		468.00	468.0	0
	*Payment amou	468.00			
	Payment meth	od			
	Payment meth VISA	od V			
	VISA				
	VISA *Name on card		CSC		
	VISA *Name on card *Card		CSC		

• A Practising certificate confirmation will be shown, displaying the processed payment with your details.

Registration Board Eáhul Whakamana Tauwhirs	MySWRB Registration Portal			<u>Sign Out</u>	
		MY DETAILS	CPD	INTERACTIONS CC	NTACT US
				Co	ontinue >>
ractising Certifice	ate Confirmation				
ank you for renewing your pra	cticing certificate, your payment has l	been processed with the p	ayment meth	nod selected. Please click continu	e to proceed.
	Social Workers R	egistration Board Ne	w Zealand		
unders diede	Social Workers R	egistration Board Ne	w Zealand		
Order date	Social Workers R	egistration Board Ne	w Zealand		
Bill to	Social Workers R	egistration Board Ne	w Zealand		
bill to Dayment method	Social Workers R	egistration Board Ne	w Zealand		
Bill to	Social Workers R	egistration Board Ne	w Zealand		
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sill to Payment method sold to	Social Workers R		antity	Price 468.00 Item total	468.00 468.00

• Click the 'Continue' button to move on to the Workforce survey.

Registration Board	MySWRB Registration Portal			Sign Out	
		MY DETAILS	CPD	INTERACTIONS CO	NTACT US
					ntinue >>
actising Certific	ate Confirmation				
nk you for renewing your pra	ecticing certificate, your payment he	s been processed with the	payment met	hod selected. Please click continue	to proceed.
	Social Workers	Registration Board N	ew Zealand		
der date					
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Step 9 - Workforce Survey

• You will be asked to take part in the annual 'Workforce survey. This is made up of 7 questions and takes less than 5 minutes to complete.

		MY DETAILS	CPD	INTERACTIONS	CONTACT
Actegrog N	aw Zealand's Na	itional Social Worke	w Workf	orce Planning	SURVey
				orce Flamming	Survey
Nau mai to Aotearoa N	ew Zealand's National Socia	l Worker Workforce Planning Surv	ey for 2021.		
This year we are combi increase the response r		RB's Practising Certificate round, t	o increase the	e reach of the Survey and	hopefully to
		composition, and sustainability of sense of the support you receive t			
	sions with Government, to inf	velop an overview of the social wo orm discussions on pay parity and			
		or this short Survey - it's only 6 que will be anonymised and only use			t you feel
Thank you for supportin	ng the ongoing development	t of the social work profession.			
Which description best	fits your current social work r	role(s)? Select all that apply			
	n children, adults, families an	d/or communities	-		
	leader/line manager				
Manager/Director/C	75				

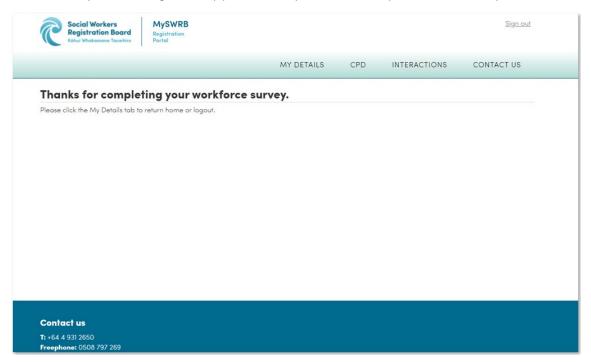
• Answer the survey questions provided.

Pay and conditions	
Family/whanau care responsibilities	
Workload	
What are the top 5 areas you feel you need further knowledge and skill de	velopment in? Select all that apply
Case management	A
Critical thinking	
Ethical practice/dilemmas	
I do not need further knowledge and development	
——————————————————————————————————————	
How does your employer support your social work practise? (you may sele	ct as many options as you wish)
Providing Professional Reflective Supervision	*
Providing Cultural Supervision	
Providing relevant training and skills development	
Providing a supportive work environment	
	· · · · · · · · · · · · · · · · · · ·
In which salary band do you fit?	
(None) v	
	Save and Continue
	Skip

• Click the 'Save and Continue' button to submit your survey.

Workload What are the top 5 areas you feel you need further knowledge and skill development in? Select all that apply Case management Critical thinking Ethical practice/dilemmas	Pay and conditions Family/whanau care responsibilities	
What are the top 5 areas you feel you need further knowledge and skill development in? Select all that apply Critical thinking Critical thinking I do not need further knowledge and development I do not need further knowledge and evelopment I do not need further knowledge and evelopmen		
Case management Critical thinking Ethical practice/dilemmas I do not need further knowledge and development tow does your employer support your social work practise? (you may select as many options as you wish) Providing Professional Reflective Supervision Providing Cultural Supervision Providing relevant training and skills development Providing a supportive work environment n which salary band do you fit? (None)		
Case management Critical thinking Ethical practice/dilemmas I do not need further knowledge and development tow does your employer support your social work practise? (you may select as many options as you wish) Providing Professional Reflective Supervision Providing Cultural Supervision Providing relevant training and skills development Providing a supportive work environment n which salary band do you fit? (None)		
Case management Critical thinking Ethical practice/dilemmas I do not need further knowledge and development tow does your employer support your social work practise? (you may select as many options as you wish) Providing Professional Reflective Supervision Providing Cultural Supervision Providing relevant training and skills development Providing a supportive work environment n which salary band do you fit? (None)		
Critical thinking Critical practice/dilemmas I do not need further knowledge and development How does your employer support your social work practise? (you may select as many options as you wish) Providing Professional Reflective Supervision Providing Cultural Supervision Providing cultural Supervision Providing a supportive work environment I which salary band do you fit? (None)	What are the top 5 areas you feel you need further knowledge and skill	development in? Select all that apply
Ethical practice/dilemmas I do not need further knowledge and development tow does your employer support your social work practise? (you may select as many options as you wish) Providing Professional Reflective Supervision Providing Cultural Supervision Providing relevant training and skills development Providing a supportive work environment In which salary band do you fit? (None) Save and Continue	Case management	
I do not need further knowledge and development tow does your employer support your social work practise? (you may select as many options as you wish) Providing Professional Reflective Supervision Providing cultural Supervision Providing relevant training and skills development Providing a supportive work environment In which salary band do you fit? (None) Save and Continue	Critical thinking	
tow does your employer support your social work practise? (you may select as many options as you wish) Providing Professional Reflective Supervision Providing relevant training and skills development Providing a supportive work environment n which salary band do you fit? (None)	Ethical practice/dilemmas	
Providing Professional Reflective Supervision Providing Cultural Supervision Providing relevant training and skills development Providing a supportive work environment n which salary band do you fit? (None)	I do not need further knowledge and development	
Providing Professional Reflective Supervision Providing Cultural Supervision Providing relevant training and skills development Providing a supportive work environment n which salary band do you fit? (None)		
Providing Professional Reflective Supervision Providing Cultural Supervision Providing relevant training and skills development Providing a supportive work environment n which salary band do you fit? (None)		
Providing Professional Reflective Supervision Providing Cultural Supervision Providing relevant training and skills development Providing a supportive work environment n which salary band do you fit? (None)		
Providing Cultural Supervision Providing relevant training and skills development Providing a supportive work environment n which salary band do you fit? (None) Save and Continue	How does your employer support your social work practise? (you may s	elect as many options as you wish)
Providing Cultural Supervision Providing relevant training and skills development Providing a supportive work environment n which salary band do you fit? (None) Save and Continue		
Providing relevant training and skills development Providing a supportive work environment n which salary band do you fit? (None)		
Providing a supportive work environment		
n which salary band do you fit? (None)		
(None)	Providing a supportive work environment	• • • • • • •
(None)		
Save and Continue	In which salary band do you fit?	
	(None) V	
		· · · · · · · · · · · · · · · · · · ·
Skip		Save and Continue
Skip		
Skip		
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Skip		PL:-
		БКІр

• A thank you message will appear once you have completed the survey.



Step 10 - Download digital copy of PC

• Click 'My Details' to return to your MySWRB account overview page.

Thanks for completing your workforce survey Please click the My Details tab to return home or logout.	MY DETAILS CPD	INTERACTIONS	CONTACT US
	vey.		
Please click the My Details tab to return home or logout.			
Contact us T: +64 4 931 2650 Freephone: 0508 797 269			

• Download a digital copy of your PC by clicking the 'Download PC certificate' button on the right side of your home screen.

Social Workers Registration Board Kähui Whakamana Tauwhire	MySWRB Registration Portal		Sign Out		
		MY DETAILS	CPD I	NTERACTIONS	CONTACT US
My details				_	
Registration number	Job Title		. /		Make a non practising
First name	Preferred first name		1		declaration
Middle name	Name to display on register	If you would lik	e a photo on your		ownload PC certificate
Last name	Gender	needs to be a l	e upload here. It head and shoulder he last 6 months.	s View	PC wallet size
Previous name	*Mobile/personal phone			Change o	assword
Date of birth	Alternative email				
Email address	Work phone				
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New Zealander 🗸	(None)	~			
Ethnicity 2	lwi 2				
(None) Y	(None)	~			

- Your certificate will be generated as a PDF
- You can print off your certificate in A4 or wallet size to display as you wish.

Practising Certificate This is to certify that:	Social Workers Registration Board
John Doe	Kāhui Whakamana Tauwhiro
Registration number: 123456789	
Expiry Date: 30/06/2021	
May practise as a registered social worker in New Zealand, in accordance with the Social Workers Registration Act.	
The Registrar, Social Workers Registration Board. PO Box 3452, Wellington 6140.	
swrb.govt.nz/public-register	New Zealand Government