**OVERSEAS QUALIFICATION ASSESSMENT**

**for the assessment of overseas social work qualifications**

**IMPORTANT**

This application is for social workers who would like to apply for an assessment of their overseas social work qualification/s to demonstrate eligibility to apply for New Zealand social worker registration.

Please make sure you provide all the required supporting documentation and sign the applicant’s declaration.

**1. Your personal details**

Your family name:

Click here to enter text.

Given name/s:

Click here to enter text.

Any other names you have used if relevant to this application:

Click here to enter text.

**2. Your contact details for correspondence**

Address:

Click here to enter text.

Town/Suburb:

Click here to enter text.

Country:

Click here to enter text.

Postcode:

Click here to enter text.

Phone number (including area codes):

Click here to enter text.

Email:

Click here to enter text.

Does your qualification enable you to register as a social worker in the country in which the qualification was obtained?

**3. Your post-secondary tertiary education professional social work education**

Yes  No

If yes please attach evidence

If your country does not have registration does your professional association recognise your qualification?

Yes  No

If yes please attach evidence

**Qualification 1**

Give details regarding all the post-secondary/tertiary education professional **social work** qualifications you have completed. If you have more than two qualifications please attach a separate sheet providing all the additional details.

What is the name (in English) of the qualification that you have obtained?

Click here to enter text.

What is the name of the qualification in your own language if not in English?

Click here to enter text.

Name of awarding institution:

Click here to enter text.

Address of institution:

Click here to enter text.

Web address for this institution:

Click here to enter text.

What is the normal entry requirement for this course?

Click here to enter text.

Normal length of full time course:

Click here to enter text.

Date course commenced:

Click here to enter a date.

Date course completed:

Click here to enter a date.

**Social work placements**

Date conferred: Click here to enter a date.

Social work placements are concurrent with and are a required part of social work education.

Each placement undertaken concurrently with your course should be described separately below.

Professional social work qualifications usually have 2 placements; however, some have up to 4, please provide the information requested below for each placement you completed through your social work qualification.

Please do not add employment undertaken after your qualification has been completed.

**Placement 1**

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of days of supervised and assessed practice in social work placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

How was your placement practice assessed?

Click here to enter text.

**Placement 2**

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of days of supervised and assessed practice in social work placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

How was your placement practice assessed?

Click here to enter text.

**Placement 3**

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of days of supervised and assessed practice in social work placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

How was your placement practice assessed?

Click here to enter text.

**Placement 4**

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of days of supervised and assessed practice in social work placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

How was your placement practice assessed?

Click here to enter text.

**Do you have any other tertiary qualifications that are relevant to practice in the social service sector?**

What is the name (in English) of the qualification that you have obtained?

Click here to enter text.

What is the name of the qualification in your own language if not in English?

Click here to enter text.

Name of awarding institution:

Click here to enter text.

Address of institution:

Click here to enter text.

Web address for this institution:

Click here to enter text.

What were the graduate outcomes specified for this course?

Click here to enter text.

What is the normal entry requirement for this course?

Click here to enter text.

What is the normal entry requirement for this course?

Click here to enter text.

Normal length of full time course:

Click here to enter text.

Date course commenced:

Click here to enter text.

Date course completed:

Click here to enter text.

Date conferred:

Click here to enter text.

If the length of time it took you to complete the course was different to the normal length,

please provide reasons:

Click here to enter text.

**Placements**

Please provide information on any placement completed as part of this qualification.

**Placement 1**

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of days of supervised and assessed practice in placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

How was your placement practice assessed?

Click here to enter text.

**Placement 2**

Name of agency:

Click here to enter text.

Dates of placement:

Click here to enter text.

Total number of days of supervised and assessed practice in placement:

Click here to enter text.

List the names and qualifications of supervisors:

Click here to enter text.

Describe your key roles and responsibilities during this placement and the client group/s you worked with:

Click here to enter text.

How was your placement practice assessed?

Click here to enter text.

**If you have additional qualifications relevant to this section, please attached details to your application**

**4. Master’s Degree Qualification**

If your first professional qualification entered above is not a bachelor degree, please provide the following details of your undergraduate qualification.

What is the name (in English) of the undergraduate qualification that you have obtained?

Click here to enter text.

What is the name of the qualification in your own language if not in English?

Click here to enter text.

Name of awarding institution:

Click here to enter text.

Address of institution:

Click here to enter text.

Web address for this institution:

Click here to enter text.

What is the normal entry requirement for this course?

Click here to enter text.

Normal length of full-time course:

Click here to enter text.

Date course commenced:

Click here to enter text.

Date course completed:

Click here to enter text.

Date conferred:

Click here to enter text.

**5. Checklist**

You must include the following information with this application: (failure to submit all required documentation may delay your assessment)

* if applicable, evidence that your social work qualifying course was accredited in country of study;
* copy of your degree certificate/s;
* copy of academic transcripts of professional qualifications identified in section 3. This document should show the subjects, results/grades;
* if applicable, copy of academic transcripts of undergraduate qualification identified in section 3 and 4;
* a comprehensive CV/Resume;
* if documents are issued in a language other than English, the SWRB requires copies of official translations to be supplied in addition to the original language document; and
* Non-binding assessment fee

**6. You must read and sign the following declaration**

**Please do not send your original documents.**

***Failure to provide all of the required information will likely result in follow up contact from SWRB and will cause a delay in the assessment processing time.***

I declare that:

The information I have supplied on this form and any attachments are complete, correct, up-to-date and are true to the best of my knowledge.

I authorise the SWRB to make any enquiries necessary to assist in the assessment of my qualifications and to use any information supplied in this application for that purpose.

I have read and understood the information provided that is relevant to this application.

**Signature (Name):** Click here to enter text. **Date:** Click here to enter a date.

The fee for this assessment is $300.00. All fees need to be paid in New Zealand Dollars including any associated bank transfer fees. Please select one from the following payment options:

**7. Paying your application fee**

Payment (**pick one option only**):

Credit Card - We Accept



Credit card number: Click here to enter text.

Expiry date: \_\_\_\_\_ /\_\_\_\_\_\_

Amount in New Zealand dollars: **$300.00**

Cardholders name: Click here to enter text.

Cardholder’s signature (Type your Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Credit / Internet Banking

I have paid by direct credit / internet banking with my initials and surname as a reference and NONB as the code to the bank account below. (Please note that not including the reference and code may delay your application being processed).

**Social Workers Registration Board Bank Account: ANZ Bank: 06 0507 0040722 00**

Payment Date: Click here to enter a date.

If you are making a direct credit / internet banking payment from overseas you may require the information listed below.

SWIFT Code: ANZBNZ222

BSB: 060507

Account Number: 004072200

ANZ Address: 1 Victoria Street, Wellington

Email your application form and supporting documents to [applications@swrb.govt.nz](mailto:applications@swrb.govt.nz)

**8. How to submit your application**

For further information please email [applications@swrb.govt.nz](mailto:applications@swrb.govt.nz) or phone +64 4 9312560