OFFICE USE ONLY

Part 1: PERSONAL AND CONTACT DETAILS

Surname:				
First name/s:				
Date of birth: / /	Application number:			
CONTACT DETAILS	Аррисации пашьет.			
Mailing address:				
	Postcode:			
Phone number:				
Email:				
Part 2: FEES AND REMITTANCE ADVICE				
Fee: \$255.55				
Please invoice my employer (an invoice will be emailed directly to you)				
Please debit my MasterCard / Visa for the sum of NZ \$255.55 including GST				
CREDIT CARD NUMBER:				
Expiry date: /				
Name on card:				
Signature:	Date: / /			
I have paid by direct credit / internet banking with my initials and surname as the reference and COMP as the code. (Please note that not including the reference and code may delay your application being processed).				
Social Workers Registration Board Bank Account Number: ANZ Bank: 06 0507 0040722 00 Payment Date:				

Part 3: DECLARATIONS

All sections must be completed

APPLICANT DECLARATION – The applicant completes this

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core competence standards. I affirm development activities and have/will	tice social work in accordance with the Social Workers Registration Board's ten that I have undertaken/will continue to undertake a range of professional I have evidence of this in my Continuing Professional Development log. I confirm nest and true reflection of my practice.
Have you been the subject of a discip	olinary investigation / complaint investigation in the past five years?
application ☐ No	explaining the circumstances and enclose in a sealed envelope with your
☐ Yes — write to the SWRB Registrar application ☐ No	explaining the circumstances and enclose in a sealed envelope with your
Signature:	Date:
MAI	NAGER/SUPERVISOR EVALUATION DECLARATION
The manage	r/supervisor to whom the applicant reports completes this
I believe the applicant to be COMPET standards.	TENT against the Social Workers Registration Board's ten core competence
Supervisor/Manager full name:	
Registration number (if applicable):_	
Workplace:	
Job title:	
Signature:	Date:
	STATEMENT OF ENDORSEMENT
A New Zealand Registered Social Wo	orker or qualified social worker (this different to the manager/supervisor signature above)
· · · · · · · · · · · · · · · · · · ·	ctice of the applicant and endorse the Supervisor/Manager recommendation that ainst the Social Workers Registration Board's ten core competence standards.
Endorser's full name:	
SWRB registration number:	
Qualification:	
Workplace:	
Job title:	
Signature:	Date: