## Part 1: PERSONAL AND CONTACT DETAILS

Surname:		
First name/s:		
Date of birth: / /	Application number:	
CONTACT DETAILS		
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

I, \_\_\_

Signature:

declare that I am competent to practice social work in accordance with the Social Workers Registration Board's ten core competence standards. I affirm that I have undertaken/will continue to undertake a range of professional development activities and have/will have evidence of this in my Continuing Professional Development log. I confirm the enclosed application to be an honest and true reflection of my practice.

Have you been the subject of a disciplinary investigation / complaint investigation in the past five years?

□Yes – write to the SWRB Registrar expl application	laining the circumstances and enclose in a sealed envelope with your
Are you currently the subject of a discipl	linary investigation / complaint investigation?
	laining the circumstances and enclose in a sealed envelope with your
application	
No Workplace:	
Signature:	
	GER/SUPERVISOR EVALUATION DECLARATION
The manager/su	pervisor to whom the applicant reports completes this
I believe the applicant to be COMPETEN <sup>-</sup> standards.	T 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 Worke	er or qualified social worker (this different to the manager/supervisor signature above)
· · · · · ·	e of the applicant and endorse the Supervisor/Manager recommendation that at the Social Workers Registration Board's ten core competence standards.
Endorser's full name:	
SWRB registration number:	
Qualification:	
Workplace:	
Job title:	

\_\_\_\_\_ Date:\_\_\_\_