Part 1: PERSONAL AND CONTACT DETAILS

Surremot		
Surname:		
First name/s:		
Date of birth: / /	Application number:	
CONTACT DETAILS		
Mailing address:		
	Postcode:	
Phone number:		
Email:		
Part 2: FEES AND REMITTANCE ADVICE		
Part 2. FEES AND REMITTAINCE ADVICE		
Fee: \$255.55		
Please invoice my employer (an invoice will be emailed directly to you)		
I enclose cheque / bank cheque for the sum of NZ \$255.55 including GST		
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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declare that I am competent to practice social work in accordance with the Socia ten core competence standards. I affirm that I have undertaken/will continue to professional development activities and have/will have evidence of this in my Co Development log. I confirm the enclosed application to be an honest and true re	undertake a range of ntinuing Professional
Have you been the subject of a disciplinary investigation / complaint investigatio	n in the past five years?
□Yes – write to the SWRB Registrar explaining the circumstances and enclose in application —	n a sealed envelope with your
No Are you currently the subject of a disciplinary investigation / complaint investiga	tion?
Yes – write to the SWRB Registrar explaining the circumstances and enclose i application	
No Workplace:	
Signature: Date:	
MANAGER/SUPERVISOR EVALUATION DECLARATION	ON
The manager/supervisor to whom the applicant reports co	mpletes this
I believe the applicant to be COMPETENT against the Social Workers Registration standards.	Board's ten core competence
Supervisor/Manager full name:	
Registration number (if applicable):	
Workplace:	
Job title:	
STATEMENT OF ENDORSEMENT	
A New Zealand Registered Social Worker or qualified social worker (this differ signature above)	ent to the manager/supervisor
I have observed the social work practice of the applicant and endorse the Super that the applicant is COMPETENT against the Social Workers Registration B standards.	· · · · · · · · · · · · · · · · · · ·
Endorser's full name:	
SWRB registration number:	
Qualification:	
Workplace:	
Job title:	