OFFICE USE O	NLY
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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 NZD		
Please invoice my employer (an invoice will be emailed dire	ectly 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 E	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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· · · · · · · · · · · · · · · · · · ·	social work in accordance with the Social Workers Registration Board's erseas practice. I confirm the enclosed application to be an honest and
Have you been the subject of a disciplina	ary investigation / complaint investigation in the past five years?
Yes – write to the SWRB Registrar expapplication	plaining the circumstances and enclose in a sealed envelope with your
No	inamy investigation / complaint investigation?
	inary investigation / complaint investigation?
application	plaining the circumstances and enclose in a sealed envelope with your
□ No	
Signature:	Date:
MANAGER	S/SUPERVISOR EVALUATION DECLARATION
The manager/supe	rvisor to whom the applicant reports completes this
I believe the applicant to be COMPETENT standards for overseas practice.	Γ against the Social Workers Registration Board's eight core competence
Supervisor/Manager full name:	
Registration number (if applicable):	
Workplace:	
Job title:	
Signature:	Date:
	STATEMENT OF ENDORSEMENT
A qualified social worker complet	tes this (this different to the manager/supervisor signature above)
that the applicant is COMPETENT ag	e of the applicant and endorse the Supervisor/Manager recommendation gainst the Social Workers Registration Board's eight core competence standards for overseas practice.
Endorser's full name:	
Job title:	
Signaturo	Date