



Application Form

Accreditation as
Registered Social Service Practitioner
& SASW Associate Membership



1. Forms

This is an application form to apply for both Accreditation as Registered Social Service Practitioner (RSSP) and SASW Associate Membership. Please note that if you are eligible for accreditation as RSSP, you will be eligible for SASW Associate Membership. The purpose of this form is to facilitate your applications for accreditation and SASW membership so that you need not fill in the same information or provide the same documents twice. Your application for accreditation will be considered by the Social Work Accreditation Board and that for SASW Associate Membership by the SASW Executive Committee. Hence, approval of one application does not necessarily entail approval for the other. You will be informed of the outcome of your application for accreditation by the Accreditation Secretariat and for the Associate Membership by the Membership Department.

If you are applying for either Accreditation or Membership only, please use the stand-alone Accreditation Application Form and Membership Application Form.

All the forms can be collected from the SASW office during office hours or downloaded from our website at www.sasw.org.sg.

2. Processing

Please note that the application will only be processed when it is fully completed and all the required documents are attached. Should there be any information or documents missing, the approval process will be delayed. Only original copies of applications will be accepted. You are advised to keep a copy of your application form for your own reference.

Please allow up to 8 weeks for processing of your application. Should you have any queries, please contact us at: accreditation@sasw.org.sg for accreditation matters and membership@sasw.org.sg for membership matters, or Tel: 67787922 or Fax: 67780609.

3. Fees

There is no fee charged for Accreditation.

For SASW Membership, the fee is \$120 for 2 years for Ordinary or Associate Membership and \$10 for 2 years for Student Membership. Each term of membership is 2 years. New applicants will have to pay an entrance fee of \$20. There will be no administration charge for renewal or conversion of membership. However, members whose membership has lapsed for one month or longer will have to pay an administrative charge of \$20. Please check with the Association if unsure of membership status. Kindly enclose payment through a crossed cheque addressed to "Singapore Association of Social Workers" with your name, NRIC number and contact number indicated on the reverse side.

4. Mailing address

Please mail your completed application form, supporting documents and cheque to:

Accreditation Secretariat/Membership Department
Singapore Association of Social Workers
Blk 324, Clementi Avenue 5 #01-209, Singapore 120324



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Accreditation Eligibility Criteria

To qualify as a Registered Social Service Practitioner, you would need to meet the following entry requirements:

- Have at least 3 years of related work experience if you possess a non-social work degree and have at least 10 years of related work experience if you do not possess any degree
- Have at least 240 hours of relevant training
- Have at least 300 hours of direct supervision
- Provide 2 character references from peers and employers of which **one must be from your current employer**

SASW Associate Membership Eligibility Criteria

To qualify as a SASW Associate Member, you would need to meet the following entry requirements:

- Possess non-social work qualifications at degree level
- Work in close association with social workers
- Sponsored by two SASW Ordinary Members

Please attach passport sized photograph with your name and NRIC on the reverse side.

Please tick (✓) in the appropriate box (☐). * Please delete as necessary.

Section 1: Personal Particulars

Salutation Dr/Mr/Miss/Mrs/Mdm/Ms*	Name (as it appears on NRIC, please underline surname)		
NRIC/Passport No.	Name (as you would like it to appear on accreditation certificate, if different from above)		
Home Address			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date of Birth (DD/MM/YYYY)	Place of Birth		
Citizenship	Race		
Home Tel No.	Office Tel No.	Handphone No.	
Email Address			

For official use

Application Form received on _____	Payment by cash/cheque* \$ _____
<input type="checkbox"/> Approved - Accreditation/Membership*	Cheque No. _____
<input type="checkbox"/> Not Approved - Accreditation/Membership*	
Remarks _____	Membership ID Assigned: _____
Recorded by _____	
Name & Designation	Signature
	Date

Section 2: Education

Please list all university and professional qualifications starting with the most recent. All qualifications listed should be accompanied by copies of degree certificates or other documentary proofs. Please use a separate sheet if space is insufficient.

Educational Institution	Qualification	Period of Study Month/Year (From/To)

Section 3: Employment

Please list employment history starting with current employment. A **brief description of nature of work is required if designation does not carry the title 'Social Worker'**. Please use a separate sheet if space is insufficient.

Organisation	Designation (Nature of Work, if applicable)	Period of Employment Month/Year (From/To)

Section 4: Relevant Training

If you have 5 years or more of related work experience, please skip Sections 4 and 5 and proceed to Section 6.

If you have less than 5 years of related work experience, please complete Section 4 by listing activities that constitute at least 240 hours of relevant training e.g. Courses, Workshops, Conferences, Seminars, In-house training, etc. Please use a separate sheet if space is insufficient.

Title of Training Activity	Training Provider	Month/ Year (From/To)	No. of Hours

Title of Training Activity	Training Provider	Month/ Year (From/To)	No. of Hours
Total (Minimum 240 hours)			

Section 5: Direct Supervision

If you have 5 years or more of related work experience, please skip Section 5 and proceed to Section 6.

If you have less than 5 years of related work experience, please complete Section 5 to show that you have received at least 300 hours of direct supervision from your current employer and, if necessary, your previous employer. Please use a separate sheet if space is insufficient. Examples of direct supervision are as follows:

Direct Supervision	No. of Hours
<i>Review of Work</i>	x hours
<i>Dialogue Session</i>	y hours
<i>Appraisal</i>	z hours
Total No. of Hours	x+y+z hours

Period of Employment Month/Year (From/To)	No. of Hours of Direct Supervision	Organisation

Period of Employment Month/Year (From/To)	No. of Hours of Direct Supervision	Organisation
Total (Minimum 300 hours)		

Section 6: Employer's Declaration

Please obtain endorsement of 300 hours of direct supervision from your current employer and, if applicable, your previous employer, by completing Section 6. Please refer to Section 5 for examples of direct supervision.

(i) Current Employer

I certify that this applicant is currently employed by my organisation and has received at least 300 hours/_____ hours * of direct supervision in the organisation.

Name Designation

Contact No. Signature Date

(ii) Previous Employer

I certify that this applicant was employed by my organisation from _____ to _____ and had received at least 300 hours/_____ hours* of direct supervision in the organisation.

Name Designation

Contact No. Signature Date

Section 7: Character Reference

(a) Accreditation: Please seek the endorsement of 2 character references from peers and employers of which one must be from your current employer.

(b) Membership: Please seek the endorsement of 2 character references, who are SASW Ordinary Members.

You need not complete (b) if your peer and current employer are also SASW Ordinary Members. The 4 Character Reference Forms are attached in the Annex.

Section 8: Other Professional Memberships

If this is your first time applying for SASW membership, please list all memberships, licenses, certifications or registrations which you are holding with other professional associations. Otherwise, please update your professional membership since last application.

Organisation	Membership / License / Certification / Registration	Country	Period of Validity Month/Year (From/To)

Section 9: Areas of Interest

To help the SASW and its committees in the planning of activities for members (e.g. workgroups, annual events), please indicate your areas of interest so that we can better serve you.

- | | |
|---|--|
| <input type="checkbox"/> Publications/ Newsletters / Annual Reports (Editorial) | <input type="checkbox"/> Planning of Courses for Continuing Professional Education |
| <input type="checkbox"/> Public Relations / Media & Press | <input type="checkbox"/> Training / Giving Talks |
| <input type="checkbox"/> Advocacy Workgroup | <input type="checkbox"/> Career Talks at Exhibitions and Schools |
| <input type="checkbox"/> Events (e.g. Social Workers Day Celebration) | <input type="checkbox"/> Induction Camps |
| <input type="checkbox"/> Research / Surveys | <input type="checkbox"/> Mentoring Programme |

Any others (please specify):

Section 10: Personal Declaration

1. Are you currently involved in any inquiry concerning your professional conduct in any profession including social work? Yes No
2. Have you had your membership in any profession revoked or suspended, or had your membership privileges withdrawn? Yes No
3. Have you been the subject of disciplinary action by any social work agency, licensing body or association? Yes No
4. Have you been charged for a felony, misdemeanour or any other crime, regardless of whether a sentence had been imposed or suspended, or do you have any criminal charges pending or unresolved within or outside Singapore? Yes No
5. Have you been addicted to the use of and been treated for the abuse of alcohol, narcotics or any other habit-forming drugs/substances? Yes No
6. Have you been medically diagnosed with any mental/physical condition which could prevent you from competently and safely carrying out the essential functions of the social work profession? Yes No
7. Have you been or are you under any financial situation/embarrassment i.e. (a) an undischarged bankrupt, (b) a judgment debtor, (c) have unsecured debts and liabilities of more than 3 months of last-drawn pay, (d) have signed a promissory note or an acknowledgement of indebtedness? Yes No

8. If your answer is "yes" to any of the above questions, please furnish details below:

Section 11: Signature

I hereby accept full responsibility for the accuracy and completeness of the information and accompanying documents contained herein and understand that any false or misleading information in or in connection with my applications for accreditation as a Registered Social Service Practitioner and for SASW Associate Membership may be cause for my applications being rejected.

I hereby authorise the Social Work Accreditation Board (SWAB) and the Singapore Association of Social Workers (SASW) to verify all information contained herein. I shall accept as final and binding, the decisions of the Board and the Association's Executive Committee.

I have read the Association's Constitution and Code of Professional Ethics and if my application for Associate Membership is accepted, I agree to uphold and abide by the Constitution, Code and any By-laws and Regulations of the Association and I shall promote the objects of the Association to the best of my ability.

Applicant's Signature

Date

Character Reference Form

Please tick (✓) in the appropriate box (☐). * Please delete as necessary.

To the applicant:

Please forward this form to your referee for completion and submit it together with your application form and other supporting documents.

Name of applicant: _____ NRIC/Passport No. _____

Accreditation status applied for :

Registered Social Worker-Provisional Registered Social Worker Registered Social Service Practitioner

To the referee:

The above-named person has nominated you as his/her referee in relation to this application. Please complete this form and return it to the applicant. Thank you.

Name of Referee

.....

I am/am not* a SASW Ordinary Member.

I have known the applicant for _____ years _____ months in my capacity as a

Colleague Friend Previous Employer Current Employer

Others (please specify):

.....

Based on my understanding and knowledge of the applicant, I am of the opinion that

- the applicant is of sound moral character and is suitable for accreditation as a Registered Social Worker-Provisional/Registered Social Worker/Registered Social Service Practitioner *and for consideration as a SASW Associate Member
- the applicant is not of sound moral character and is not suitable for accreditation as a Registered Social Worker-Provisional/Registered Social Worker/Registered Social Service Practitioner* and for consideration as a SASW Associate Member

Any Other Comments:

.....

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Name

Designation

Organisation

Signature

Contact No.

Date

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Name

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Signature

Contact No.

Date