



Application Form

Accreditation as Registered Social Worker & SASW Ordinary Membership



1. Forms

This is an application form to apply for both Accreditation as Registered Social Worker (RSW) and SASW Ordinary Membership. Please note that if you are eligible for accreditation as RSW, you will be eligible for SASW Ordinary 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 Ordinary 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 Ordinary 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



Application Form

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Accreditation Eligibility Criteria

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

- Possess social work qualifications recognised by the Singapore Association of Social Workers (SASW)
- Have at least one year of social work practice locally
- Have at least 80 hours of relevant training
- Have at least 1,000 hours of supervised practice
- Provide 2 character references from peers and/or employers

SASW Ordinary Membership Eligibility Criteria

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

- Possess social work qualifications recognised by the Singapore Association of Social Workers (SASW)
- Have attained a period of social work practice experience acceptable to SASW

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 _____	Signature _____
Name & Designation	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. **For degrees that do not specify social work as a major, copies of transcripts need to be enclosed.** 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. Please use a separate sheet if space is insufficient.

Organisation	Designation	Period of Employment Month/Year (From/To)

Section 4: Relevant Training

Please list activities that constitute at least 80 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 80 hours)			

Section 5: Supervised Practice

This section is for you to show that you have received at least 1,000 hours of supervised practice including the field placements/practicum undertaken during your study and supervised practice received during your current and/or previous employment.

If you have been in practice for 3 consecutive years or more after graduation, please complete Section 5A and skip Section 5B and proceed to Sections 6A and 6B.

If you have been in practice for 1 year but less than 3 consecutive years after graduation, please complete both Sections 5A and 5B.

Please use a separate sheet if space is insufficient.

Section 5A: Supervised Practice During Study

Please list the field placements/practicum undertaken during your social work degree/graduate diploma course below.

Course of Study	Period Month/Year (From/To)	No. of Hours	Organisation Attached To
Total No. of Hours			

Section 5B: Supervised Practice During Employment

Please list the supervised practice received during employment so that together with your field placements/practicum, the total number of hours of supervised practice received by you is at least 1,000 hours. Examples of work areas in which supervised practice may occur during employment are as follows:

Area of Work	No. of Hours of Supervised Practice
Case Management	x hours
Counselling	y hours
Other Intervention Programmes	z hours
Total No. of Hours	x+y+z hours

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

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

Section 6A: Employer's Declaration For Supervised Practice During Employment

Please obtain endorsement of the supervised practice received during employment from your current employer and, if applicable, your previous employer by completing Sections 6A and 6B. Please refer to Section 5B for examples of supervised practice.

(i) Current Employer

I certify that this applicant is currently employed by my organisation and had received _____ hours of supervised practice 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 _____ hours of supervised practice in the organisation.

_____ Name _____ Designation
 _____ Contact No. _____ Signature _____ Date

Section 6B: Employer's Declaration For Current Employment

Please skip this section if you have completed Section 6A(i) and proceed to Section 7. If not, please complete this section.

I certify that this applicant is currently employed by my organisation.

_____ Name _____ Designation
 _____ Contact No. _____ Signature _____ Date

Section 7: Character Reference

Please seek the endorsement of 2 character references by using the Character Reference Form 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 Worker and for SASW Ordinary 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, and that I shall undertake to promote the objects of the Association to the best of my ability.

I have read the Association's Constitution and Code of Professional Ethics and if my application for Ordinary 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 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 *
- 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*

Any Other Comments:

.....

.....

.....

Name

Designation

Organisation

Contact No.

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 :

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Colleague Friend Previous Employer Current Employer

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- 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*
- 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*

Any Other Comments:

.....

.....

.....

Name

Designation

Organisation

Contact No.

Signature

Date