

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 (Year From/To)

Section 3: Employment

Please list employment history (excluding volunteer experience) 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.

If you have been employed part-time, you will need 1,820 working hours to fulfill 1 year of full-time employment.

Organisation	Designation (Nature of Work, if applicable)	Period of Employment Month/Year (From/To)	Type of Employment (Full-time/Part-time) If Part-time, please indicate the number of hours worked during the period.

Section 4: Relevant Training

If you have 5 years or more of full-time direct related work experience, please skip Section 4 and proceed to Section 5.

If you have less than 5 years of full-time direct 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., **excluding your qualifying degree**. Please use a separate sheet if space is insufficient.

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

(ii)(b) Previous Employer

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

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

Section 6: Employer's Declaration For Current Employment

Please skip this section if you have completed Section 5(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	Organisation
_____	_____	_____
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: Personal Declaration

- | | | | |
|----|---|------------------------------|-----------------------------|
| 1. | Are you currently involved in any inquiry concerning your professional conduct in any profession including social work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Have you had your membership in any profession revoked or suspended, or had your membership privileges withdrawn? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Have you been the subject of disciplinary action by any social work agency, licensing body or association? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Have you been addicted to the use of and/or been treated for the abuse of alcohol, narcotics or any other habit-forming drugs/substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 9: 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 application may be cause for my application being rejected.

I hereby authorise the Social Work Accreditation Board (SWAB) to verify all information contained herein. I shall accept the decisions of the Board as final and binding.

I hereby agree to abide by the Code of Ethics of Social Workers endorsed by the Singapore Association of Social Workers and available on its website at www.sasw.org.sg if I am accredited.

Applicant's Signature

Date

Please mail your completed application form and supporting documents to:

**Social Work Accreditation Board
c/o Accreditation Secretariat
Singapore Association of Social Workers
Blk 324, Clementi Avenue 5 #01-209, Singapore 120324**

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

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*

Any Other Comments:

Name

Designation

Organisation

Contact No.

Signature

Date

Character Reference Form

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

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Any Other Comments:

_____ Name

_____ Designation

_____ Organisation

_____ Contact No.

_____ Signature

_____ Date