

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 (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 skip Sections 5A and 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 (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 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: 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 employer, 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/or 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 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.

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*
- 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:

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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. _____

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Colleague Friend Previous Employer Current Employer

Others (please specify):

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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:

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Name

Designation

Organisation

Contact No.

Signature

Date