



Application Form

Accreditation as
Registered Social Worker-Provisional



Eligibility Criteria

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

- Possess social work qualifications recognised by the Singapore Association of Social Workers (SASW)
- Have less than 1 year of social work practice
- Provide 2 character references from peers and/or employers

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

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 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 _____

Approved Not Approved

Remarks _____

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. **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: Employer's Declaration

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

Name _____
Designation

Contact No. _____ Signature _____ Date

Section 5: Character Reference

Please seek the endorsement of 2 character references by using the Character Reference Form attached in the Annex.

Section 6: 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 7: 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

Signature

Contact No.

Date

Character Reference Form

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Any Other Comments:

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Name

Designation

Organisation

Signature

Contact No.

Date