

Section 6: Personal Declaration

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|----|---|------------------------------|-----------------------------|
| 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 | Have you had your membership in any profession revoked or suspended, or had your membership privileges withdrawn?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 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. | If your answer is "yes" to any of the above questions, please furnish details below and ensure that one of the character reference forms must be completed by your current employer. | | |

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.

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

Signature

Contact No.

Date

Character Reference Form

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

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

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Any Other Comments:

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Signature

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Date